

No. <b>C 128511</b>		Due no later than Apr 30, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ROBERT W. BOHUS, M.D., F.A.C.S., P.A. ROBERT W BOHUS, M.D. P.O. BOX 490 6240 N. RAPID CR. ROAD INKOM ID 83245		ROBERT W BOHUS MD 6240 N. RAPID CR. ROAD INKOM ID 83245			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROBERT W BOHUS	P.O. BOX 490	INKOM	ID	USA	83245	
5. Organized Under the Laws of:  <b>ID C 128511</b>		6. Annual Report must be signed.* Signature: robert w bohus Name (type or print): robert w bohus					
		Date: 04/30/2015 Title: president					
Processed 04/30/2015		* Electronically provided signatures are accepted as original signatures.					