| No. C 131171 | | Due no later than Nov 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-------------|---|---|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | BRIAN E O'BYRNE | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. BRIAN E. O'BYRNE, M.D., P.A. CINDY BAIRD 2860 CHANNING WAY SUITE 117 | | | 2860 CHANNING WAY SUITE 117 IDAHO FALLS ID 83404-7532 3. New Registered Agent Signature:* | | | |
| | | IDAHO FALLS ID 83404-7532 USA | | | | | | |
| 4. Corporations: Enter Name | s and Busin | ess Addresses of Pr | resident, Secretary, and Directors. Treas | surer (| optional). | | | |
| Office Held N | lame | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT BRIAN E O'BYRNE | | BYRNE | 2860 CHANNING WAY SUITE 11 | 7 | IDAHO FALLS | ID | USA | 83404-7532 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: CINDY BAIRD | | | Date: 10/26/2015 | | | |
| C 131171 | | Name (type or print): CINDY BAIRD | | | Title: OFFICE MANAGER | | | |
| Processed 10/26/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |