

No. <b>C 117273</b>		<b>Due no later than Nov 30, 2016</b> <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>  SOUTHERN IDAHO PAIN INSTITUTE, P.C. DENISE S RUE 176 FALLS AVE TWIN FALLS ID 83301-2306		JULIA POLLON 1150 EASTLAND DR. NORTH TWIN FALLS ID 83301			
						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	CLINTON L DILLE	176 FALLS AVE	TWIN FALLS	ID	USA	83301-2306	
5. Organized Under the Laws of:  <b>ID</b> <b>C 117273</b>		6. Annual Report must be signed.*  Signature: Denise Rue Name (type or print): Denise Rue					
		Date: 09/30/2016 Title: Administrator					
Processed 09/30/2016      * Electronically provided signatures are accepted as original signatures.							