

No. <b>C 144677</b>		<b>Due no later than Jul 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b>  PATRICK P. DESMOND, M.D., P.A. PATRICK P DESMOND 2851 POLELINE RD E TWIN FALLS ID 83301 USA		PATRICK P DESMOND 2851 POLELINE RD E TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	PATRICK P DESMOND	2851 POLELINE RD. E.		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>C 144677</b>		6. Annual Report must be signed.*  Signature: Patrick P Desmond Name (type or print): Patrick P Desmond  Date: 06/26/2015 Title: M D					
Processed 06/26/2015      * Electronically provided signatures are accepted as original signatures.							