

No. C 131911	Due no later than Jan 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: 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. LINDA D. BURKE, M.D., P.A. LINDA D BURKE 256 E BEACON LIGHT RD BOISE ID 83616		LINDA D BURKE 256 E BEACON LIGHT OWNER EAGLE ID 83616				
						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	LINDA D BURKE	256 E BEACON LIGHT RD	BOISE	ID	USA	83616	
5. Organized Under the Laws of: ID C 131911		6. Annual Report must be signed.* Signature: Linda D Burke Name (type or print): Linda D Burke					
		Date: 12/17/2017 Title: owner					
Processed 12/17/2017 * Electronically provided signatures are accepted as original signatures.							