

No. <b>C 199440</b>		<b>Due no later than Aug 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  CHRIS SCHOLES, P.C. CHRIS SCHOLES PC 526 SHOUP AVE W A TWIN FALLS ID 83301 USA		CHRIS SCHOLES MD 526 SHOUP AVE W A 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	
SECRETARY	ANNA SCHOLES	526 SHOUP AVE W A	TWIN FALLS	ID	USA	83301	
PRESIDENT	CHRIS SCHOLES MD	526 SHOUP AVE W A	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID C 199440</b>		6. Annual Report must be signed.*  Signature: CHRIS SCHOLES MD Name (type or print): CHRIS SCHOLES MD					
Processed 06/23/2015		* Electronically provided signatures are accepted as original signatures.  Date: 06/23/2015 Title: PRESIDENT					