

No. C 106064		Due no later than Apr 30, 2016 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. O'NEILL CLINIC, P.A. (THE) T DANIEL O'NEILL 1617 LINCOLN WAY COEUR D'ALENE ID 83814		T DANIEL O'NEILL 1617 LINCOLN WAY COEUR D'ALENE ID 83814			
						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	T DANIEL O'NEILL	1617 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 106064		6. Annual Report must be signed.* Signature: T. Dahiel O'Neill Name (type or print): T. Dahiel O'Neill					
		Date: 04/04/2016 Title: DC					
Processed 04/04/2016 * Electronically provided signatures are accepted as original signatures.							