

| | | | | | | | |
|--|-----------------|---|-------|---|--------------------------------------|-------------|--|
| No. C 66293 | | Due no later than Apr 30, 2013 | | 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. C. THOMAS JEWELL, M. D., PROFESSIONAL ASSOCIATION C THOMAS JEWELL, MD 2060 SILVERCREEK LANE BOISE ID 83706 USA | | C. THOMAS JEWELL, M. D. 2060 SILVERCREEK BOISE ID 83706 | | | |
| | | | | 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 | CALVIN T JEWELL | 2060 SILVERCREEK LANE | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: ID C 66293 | | 6. Annual Report must be signed.* Signature: C Thomas Jewell, MD Name (type or print): C Thomas Jewell, MD | | | Date: 05/10/2013 Title: President | | |
| Processed 05/10/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |