

No. C 109270		Due no later than Feb 28, 2018		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. TWO RIVERS MEDICAL CLINIC, P.A. MICHELE JOHNSON 683 EAST THIRD WEISER ID 83672 USA		LORE B WOOTTON 683 EAST THIRD ST WEISER ID 83672			
				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	LORE B WOOTTON	683 EAST THIRD	WEISER	ID	USA	83672	
SECRETARY	MICHELE R JOHNSON	683 EAST THIRD	WEISER	ID	USA	83672	
5. Organized Under the Laws of: ID C 109270		6. Annual Report must be signed.* Signature: Michele Johnson Name (type or print): Michele Johnson Date: 02/15/2018 Title: SECRETARY					
Processed 02/15/2018		* Electronically provided signatures are accepted as original signatures.					