No. C 137826		Due no later than Feb 28, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BARBARA JENSEN MD 1393 STONEYBROOK CIR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BARBARA JENSEN, M.D.P.C. BARBARA J JENSEN 1393 STONEYBROOK CIR TWIN FALLS ID 83301		9.5				
NO FILING FEE IF		USA				· 5		
RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BARBARA J	JENSEN	1393 STONEYBROOK CIR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 137826		Signature: Barbara J Jensen Date: 02/19/2014						
		Name (type		Title: President				
Processed 02/19/2014		* Electronically provided signatures are accepted as original signatures.						