No. C 201956		Due no later than Apr 30, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRISTOPHER W HAMMERLE MD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CHRISTOPHER W. HAMMERLE, M.D., CHARTERED EDDY MCLANE 425 W BANNOCK ST BOISE ID 83702			425 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE RECEIVED BY DUE	DATE	see Addraggae of Proc	dent, Secretary, and Directors. Trea	acuror (ontional)			
Office Held	Name	ss Addresses of Fresi	Street or PO Address	asurer (City	State	Country	Postal Code
PRESIDENT		R W HAMMERLE	425 W BANNOCK ST		BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 201956		Signature: Christopher Hammerle			Date: 03/16/2017			
		Name (type or print): Christopher Hammerle			Title: President			
Processed 03/16/2017		* Electronically provid	ed signatures are accepted as origir	nal signa	itures.			