No. C 206092		Due no later than Jun 30, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRIAN STORY, M.D.				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRIAN STORY, M.D., CHARTERED BRIAN STORY, M.D. 425 W BANNOCK ST BOISE ID 83702		_	425 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILIN RECEIVED BY	DUE DATE	acs Addresses of President	, Secretary, and Directors. Tre	asurer (o	ntional)			
Office Held	Name		Street or PO Address	asurer (C	City	State	Country	Postal Code
PRESIDENT	BRIAN T S		425 W. BANNOCK ST.		BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 206092		Signature: Brian T. Story			Date: 05/22/2018			
		Name (type or print): Brian T. Story			Title: Owner			
Processed 05/22/201	18	* Electronically provided si	gnatures are accepted as origi	inal signa	tures.			