No. <b>C 182512</b>		Due no later than Mar 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  GREGORY M. WICKERN, M.D., P.C. GREGORY M. WICKERN 800 FALLS AVE, STE 2 TWIN FALLS ID 83301 USA			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					GREGORY M WICKERN MD 800 FALLS AVE, STE 2 TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
700 97 7		ess Addresses of Pre	esident, Secretary, and Directors. Treas Street or PO Address	surer (		Ctata	Country	Postal Code
PRESIDENT	Name GREGORY M WICKERN, MD DIANNA M WICKERN		800 FALLS AVE STE 2 800 FALLS AVE, STE 2		City TWIN FALLS TWIN FALLS	State ID ID	Country USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 182512		Signature: Gregory M Wickern, MD  Name (type or print): Gregory M Wickern, MD			Date: 03/20/2014 Title: President			
Processed 03/20/2014 * Electronically provided signatures are accepted as original signatures.								