No. **C 150435**	**Due no later than Aug 31, 2018** **Annual Report Form**	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.** CLAY I. CAMPBELL, M.D., P.C. CLAY I CAMPBELL 166 S 5TH ST MONTPELIER ID 83254-1557	CLAY I CAMPBELL MD 166 S 5TH ST MONTPELIER ID 83254 3. New 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	CLAY I CAMPBELL	166 SO 5TH ST	MONTPELIER	ID	USA	83254-1557

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 150435**	Signature: Clay I. Campbell	Date: 06/19/2018
	Name (type or print): Clay I. Campbell	Title: MD

Processed 06/19/2018

* Electronically provided signatures are accepted as original signatures.