

No. C 68656		Due no later than Dec 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. THOMAS L. LAWRENCE, M.D., P.A. THOMAS L LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864		THOMAS L LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864			
				3. <u>New</u> 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	THOMAS L LAWRENCE	570 TURTLE ROCK ROAD	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 68656		Signature: Thomas L Lawrence MD				Date: 11/08/2016	
		Name (type or print): Thomas L Lawrence MD				Title: President	
Processed 11/08/2016		* Electronically provided signatures are accepted as original signatures.					