

No. <b>C 185392</b>		<b>Due no later than Dec 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO FALLS ARTHRITIS CLINIC, PC CRAIG D SCOVILLE 2220 E 25TH ST IDAHO FALLS ID 83404		CRAIG D SCOVILLE 2220 E 25TH ST IDAHO FALLS ID 83404			
				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	CRAIG D SCOVILLE	2220 EAST 25TH STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 185392</b>		Signature: Craig D Scoville				Date: 01/05/2016	
		Name (type or print): Craig D Scoville				Title: President	
Processed 01/05/2016		* Electronically provided signatures are accepted as original signatures.					