No. **C 185392**	**Due no later than Dec 31, 2014** **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.** IDAHO FALLS ARTHRITIS CLINIC, PC CRAIG D SCOVILLE 2220 E 25TH ST IDAHO FALLS ID 83404 USA	CRAIG D SCOVILLE 2220 E 25TH ST IDAHO FALLS 83404 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	CRAIG D SCOVILLE	2220 EAST 25TH STREET	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 185392**	Signature: Craig D Scoville	Date: 12/18/2014
	Name (type or print): Craig D Scoville	Title: President

Processed 12/18/2014

* Electronically provided signatures are accepted as original signatures.