

No. C 177861		Due no later than Mar 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. SPECIALTY CLINICS OF IDAHO, P.A. CRYSTAL BAISCH 3085 E MAGIC VIEW DRIVE #140 MERIDIAN ID 83642		JOHN A BOYAJIAN 3085 E MAGIC VIEW DRIVE #140 MERIDIAN ID 83642					
				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	JOHN A BOYAJIAN	3085 E MAGIC VIEW DRIVE #140	MERIDIAN	ID	USA	83642			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 177861		Signature: John A. Boyajian				Date: 01/23/2018			
		Name (type or print): John A. Boyajian				Title: President			
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.							