

No. <b>C 78915</b>		<b>Due no later than Jun 30, 2017</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>  J. MICHAEL OLDROYD, M.D., P.A. J MICHAEL OLDROYD, M.D. P. O. BOX 1842 IDAHO FALLS ID 83403		JAMES MICHAEL OLDROYD 1910 TIFFANY 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	
SECRETARY	TERA OLDROYD	1910 TIFFANY	IDAHO FALLS	ID	USA	83404	
PRESIDENT	JAMES M OLDROYD	1910 TIFFANY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID C 78915</b>		6. Annual Report must be signed.* Signature: Ross C Hinckley Name (type or print): Ross C Hinckley					
		Date: 05/23/2017 Title: CPA					
Processed 05/23/2017		* Electronically provided signatures are accepted as original signatures.					