

No. C 137104		Due no later than Jan 31, 2017		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. ALAN OLMSTEAD M.D. CHTD BECKY PICKLESIMER 844 WASHINGTON ST NORTH SUITE 100 TWIN FALLS ID 83301 USA		ALAN OLMSTEAD 844 WASHINGTON ST NORTH SUITE 100 TWIN FALLS ID 83301					
				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	ALAN OLMSTEAD	844 WASHINGTON ST NORTH SUITE 100			TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 137104		6. Annual Report must be signed.* Signature: BECKY PICKLESIMER Name (type or print): BECKY PICKLESIMER Date: 11/21/2016 Title: OFFICE MANAGER							
Processed 11/21/2016		* Electronically provided signatures are accepted as original signatures.							