

No. <b>C 163729</b>		<b>Due no later than Dec 31, 2017</b>		<b>Annual Report Form</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>  GREEN FIELD FAMILY MEDICINE, P.C. 37 S 2ND E REXBURG ID 83440		SCOTT R HARDY D.O. 420 E 400 N REXBURG ID 83440-8344		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	SCOTT R. HARDY	37	REXBURG	ID		83440-5390	
5. Organized Under the Laws of:  <b>ID C 163729</b>		6. Annual Report must be signed.* Signature: Holly Miller Name (type or print): Holly Miller Date: 11/03/2017 Title: Accounting					
Processed 11/03/2017		* Electronically provided signatures are accepted as original signatures.					