No. **C 136066**	**Due no later than Oct 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.** TOM CRAIS, M.D., P.C. THOMAS F CRAIS PO BOX 2741 315 S RIVER ST HAILEY ID 83333 USA	THOMAS F CRAIS 315 S RIVER ST HAILEY ID 83333 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	TOM CRAIS	315 S RIVER ST	HAILEY	ID	USA	83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 136066**	Signature: THOMAS CRAIS Name (type or print): THOMAS CRAIS	Date: 10/17/2017 Title: OWNER

Processed 10/17/2017

* Electronically provided signatures are accepted as original signatures.