No. <b>C 144677</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PATRICK P. DESMOND, M.D., P.A.  PATRICK P DESMOND  PO BOX 14001,PMB 312		2. Registered A	2. Registered Agent and Address (NO PO BOX)  PATRICK P DESMOND  106 COMFORT CIRCLE  KETCHUM ID 83340-8334  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				106 COMFO				
				KETCHUM I				
				3. <u>New</u> Registe				
4. Corporations: Enter	r Names and Busin	ess Addresses of	President, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PATRICK P	DESMOND	106 COMFORT CIRCLE	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Pa		Date: 06/07/2018				
C 144677		Name (type o		Title: M D				
Processed 06/07/2018 * Electronically provided signatures are accepted as original signatures.								