

No. C 136066		Due no later than Oct 31, 2018		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. <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	TOM CRAIS	315 S RIVER ST	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID C 136066		6. Annual Report must be signed.* Signature: Thomas Crais Name (type or print): Thomas Crais					
Date: 08/29/2018 Title: President							
Processed 08/29/2018		* Electronically provided signatures are accepted as original signatures.					