

No. C 119679		Due no later than May 31, 2016 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. LORELI SMITH, M.D., P.A. LORELI SMITH, M.D. 2830 S DAYBREAK AVE. MERIDIAN ID 83642		LORELI SMITH, M.D. 2830 S DAYBREAK AVE MERIDIAN ID 83642			
				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	LORELI SMITH, M.D.	2830 S. DAYBREAK	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 119679		Signature: L. Smith, M.D.				Date: 04/04/2016	
		Name (type or print): L. Smith, M.D.				Title: President	
Processed 04/04/2016		* Electronically provided signatures are accepted as original signatures.					