No. <b>C 66762</b>		Due no later than May 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LAWRENCE	LAWRENCE E. GREEN, M.D. 16060 IDAHO CENTER BLVD NAMPA ID 83687			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LAWRENCE E. GREEN, M.D., P.A.  LAWRENCE E GREEN, MD  16060 IDAHO CENTER BLVD  NAMPA ID 83687  USA						
				NAMPA ID	IVAIVIPA ID 6366/			
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses of I	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LAWRENCE	E GREEN	16060 IDAHO CENTER BLVD	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 66762		Signature: Lav		Date: 06/03/2015				
		Name (type or		Title: President				
Processed 06/03/2015		* Electronically pr	ovided signatures are accepted as origina	l signatures.				