

No. C 182512		Due no later than Mar 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. GREGORY M. WICKERN, M.D., P.C. GREGORY M WICKERN, MD 800 FALLS AVE STE 2 TWIN FALLS ID 83301		GREGORY M WICKERN MD 800 FALLS AVE, STE 2 TWIN FALLS ID 83301			
				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	GREGORY M WICKERN, MD	800 FALLS AVE STE 2	TWIN FALLS	ID	USA	83301	
TREASURER	DIANNA M WICKERN	800 FALLS AVE STE 2	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 182512		6. Annual Report must be signed.* Signature: Gregory M Wickern, MD Name (type or print): Gregory M Wickern, MD Date: 01/21/2016 Title: President					
Processed 01/21/2016		* Electronically provided signatures are accepted as original signatures.					