No. C 207430				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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FREMONT FAMILY MEDICINE PC 2489 E 700 N ST ANTHONY ID 83445		GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
4. Corporations: Ente		ess Addresses of Pre	sident, Secretary, and Directors.	Treasurer (optional).	State	Country	Postal Code
PRESIDENT	RON ELLSW	ORTH	30 W MAIN		ST. ANTHONY	ID	USA	83445
5. Organized Under the Laws of: ID C 207430		6. Annual Report must be signed.* Signature: Gregory C. Calder Name (type or print): Gregory C. Calder			Date: 11/21/2016 Title: Registered Agent			
Processed 11/21/201	6	* Electronically provi	nically provided signatures are accepted as original signatures.					