No. C 173350		Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JUDSON B MONTGOMERY			
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. NAGRAJ NARASIMHAN, M.D., P.A. NAGRAJ NARASIMHAN 746 N COLLEGE RD GENOA BLDG STE D TWIN FALLS ID 83301		601 W BANNOCK ST BOISE ID 83702			
				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 NAGRAJ NAR		RASIMHAN	746 N COLLEGE RD GENOA BUILDING, SUITE D	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 173350		Signature: Nagraj	Date: 06/20/2017				
		Name (type or prir	Title: PResident				
Processed 06/20/2017		* Electronically provid	y provided signatures are accepted as original signatures.				