

No. C 121026		Due no later than Sep 30, 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. BRUCE C. MCCOMAS, M.D., P.A. BRUCE C MCCOMAS, MD 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301		BRUCE C MCCOMAS, M.D. 652 WOODLAND DRIVE 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			
SECRETARY	STACI MCCOMAS	775 POLELINE ROAD WEST SUITE 212	TWIN FALLS	ID	USA	83301			
PRESIDENT	BRUCE MCCOMAS	775 POLELINE ROAD WEST SUITE 212	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 121026		Signature: Staci McComas				Date: 08/21/2016			
		Name (type or print): Staci McComas				Title: Secretary			
Processed 08/21/2016		* Electronically provided signatures are accepted as original signatures.							