No. C 132209		Due no later than Jan 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROBERT C. LOFGRAN, M.D., P.A. ROBERT C LOFGRAN 1299 MORNINGSIDE DRIVE REXBURG ID 83440 USA		1299 MORNI REXBURG II	ROBERT C LOFGRAN 1299 MORNINGSIDE DRIVE REXBURG ID 83440 3. New Registered Agent Signature:*			
RECEIVED BY DUE D	ATE		f President, Secretary, and Directors. Treas	urer (optional).				
200 00 0	lame	555 / 1441 55555 5	Street or PO Address	City	State	Country	Postal Code	
	LINDA H LOFGRAN ROBERT C LOFGRAN		1299 MORNINGSIDE DR. 1299 MORNINGSIDE DR.	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: R		Date: 11/26/2017				
C 132209		Name (type		Title: President				
Processed 11/26/2017	* Electronically provided signatures are accepted as original signatures.							