

No. C 56275		Due no later than Aug 31, 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. CHARLES P. LAWLESS, M.D., P.A. CHARLES P LAWLESS 1777 EAST CLARK STREET STE 310 POCATELLO ID 83201-3357		CHARLES P. LAWLESS M.D. 1777 EAST CLARK STREET STE 310 POCATELLO ID 83201-3357			
				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	CHARLES P LAWLESS	1777 EAST CLARK STREET STE 310	POCATELLO	ID	USA	83201-3357	
5. Organized Under the Laws of: ID C 56275		6. Annual Report must be signed.* Signature: CHARLES P LAWLESS MD Name (type or print): CHARLES P LAWLESS MD Date: 06/23/2016 Title: PRESIDENT					
Processed 06/23/2016		* Electronically provided signatures are accepted as original signatures.					