

No. <b>C 194634</b>		<b>Due no later than May 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> INDEPENDENT HEALTHCARE PROVIDERS OF IDAHO, INC. DELL SMITH 1880 FILLMORE ST TWIN FALLS ID 83301		DELL SMITH 1880 FILLMORE ST 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	
TREASURER	DELL SMITH	1880 FILLMORE STREET	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 194634</b>		Signature: Dell Smith, M.D.				Date: 03/22/2017	
		Name (type or print): Dell Smith, M.D.				Title: TREASURER	
Processed 03/22/2017		* Electronically provided signatures are accepted as original signatures.					