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| No. C 194634 | | Due no later than May 31, 2017 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. 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: ID C 194634 | | 6. Annual Report must be signed.* Signature: Dell Smith, M.D. Name (type or print): Dell Smith, M.D. | | | | | |
| | | Date: 03/22/2017 Title: TREASURER | | | | | |
| Processed 03/22/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |