No. <b>C 150740</b>		Due no later than Sep 30, 2018		2. Registered	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  D. PETER REEDY, M.D., P.A. LESLIE REEDY 2808 N FRY ST BOISE ID 83704-1333 USA		800 W MAI	J KEVIN WEST 800 W MAIN ST SUITE 1300 BOISE ID 83702  3. New Registered Agent Signature:*			
				SUITE 1300				
				3. <u>New</u> Regist				
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	
	MARY LESLIE REEDY D PETER REEDY MD		2808 N FRY ST 11186 E HIGHWAY 21	BOISE BOISE	ID ID	USA USA	83704 83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: MARY LESLIE REEDY			Date: 08/01/2018			
C 150740		Name (type o		Title: office manager				
Processed 08/01/2018 * Electronically provided signatures are accepted as original signatures.								