

No. C 100582		Due no later than Dec 31, 2014		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. AUSTIN R. CUSHMAN, M.D., P.A. AUSTIN R. CUSHMAN M.D. 901 N CURTIS RD STE 103 BOISE ID 83706		AUSTIN R. CUSHMAN M.D. 901 N CURTIS STE 103 BOISE 83706			
				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	AUSTIN R CUSHMAN	901 N CURTIS RD STE 103	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 100582		6. Annual Report must be signed.* Signature: Austin R. Cushman, M.D. Name (type or print): Austin R. Cushman, M.D. <div style="text-align: right;"> Date: 11/17/2014 Title: President </div>					
Processed 11/17/2014		* Electronically provided signatures are accepted as original signatures.					