No. C 141657		Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVID A. JOHNSON, M.D., P.A. DAVID A JOHNSON 302 WINTERBERRY LOOP HAILEY ID 83333		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				_	DAVID A JOHNSON 175 POLELINE RD STE 213 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA	dont Secretary and Directors Trea	eurer (or	ational)			
Office Held	Name	ess Addresses of Fresi	Street or PO Address		City	State	Country	Postal Code
SECRETARY LISA J JOHNSO		NSON	302 WINTERBERRY LOOP		HAILEY	ID	USA	83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: lisa j johnson			Date: 12/22/2017			
C 141657		Name (type or print): lisa j johnson			Title: secretary			
Processed 12/22/2017 * Electronically provided signatures are accepted as original signatures.								