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|--|---------------------|--|--------|--|---------|-------------|--|
| No. C 109270 | | Due no later than Feb 28, 2015 | | 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. TWO RIVERS MEDICAL CLINIC, P.A. TONY EDMONDSON 683 EAST THIRD WEISER ID 83672 | | DELAND R BARR 683 EAST THIRD WEISER 83672 | | | |
| | | | | 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 | LORE B WOOTTON | 683 EAST THIRD | WEISER | ID | USA | 83672 | |
| SECRETARY | ANTHONY L EDMONDSON | 683 EAST THIRD | WEISER | ID | USA | 83672 | |
| 5. Organized Under the Laws of: ID C 109270 | | 6. Annual Report must be signed.* Signature: Anthony L. Edmondson Name (type or print): Anthony L. Edmondson Date: 01/08/2015 Title: Secretary | | | | | |
| Processed 01/08/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |