No. C 68283		Due no later than Nov 30, 2015 2. Registered Agent and Address (NO PO BOX)					PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ROBERT W. DAVIS, M.D., P.A. ROBERT W DAVIS 100 E. IDAHO, SUITE 400 BOISE ID 83712		100 E IDAH BOISE ID	ROBERT W DAVIS MD 100 E IDAHO ST STE 400 BOISE ID 83712 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		oss Addrossos of	Dracidant Carratany and Directors Transc	uror (ontional)				
Office Held	Name	ess Addresses of	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR PRESIDENT SECRETARY	ROBERT W ROBERT W RITA DAVIS	DAVIS, MD	100 E. IDAHO, SUITE 400 100 E. IDAHO, SUITE 400 100 E. IDAHO, SUITE 400	BOISE BOISE BOISE	ID ID ID ID	USA USA USA	83712 83712 83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 68283		Signature: Robert W. Davis Name (type or print): Robert W. Davis			Date: 12/17/2015 Title: President			
Processed 12/17/2015 * Electronically provided signatures are accepted as original signatures.								