

No. C 161489	Due no later than Jul 31, 2014 Annual Report Form		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. GARDEN VALLEY FAMILY MEDICINE, PC MICHAEL R KOENIG PO BOX 270 GARDEN VALLEY ID 83622		MICHAEL KOENING MD 856 BANKS LOWMAN RD GARDEN VALLEY ID 83622 USA			
			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	MIKE KOENIG	856 BANKS LOWMAN ROAD	GARDEN VALLEY	ID	USA	83622
5. Organized Under the Laws of: ID C 161489		6. Annual Report must be signed.* Signature: Michael Koenig Name (type or print): Michael Koenig		Date: 07/31/2014 Title: President		
Processed 07/31/2014		* Electronically provided signatures are accepted as original signatures.				