No. C 66293		TO A PARTY OF THE		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C. THOMAS JEWELL, M. D. 2060 SILVERCREEK BOISE 83706			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		10 V 20 V				
		C. THOMAS JEWELL, M. D., PROFESSIONAL ASSOCIATION C THOMAS JEWELL, MD 2060 SILVERCREEK LANE			BOISE 63700			
		BOISE ID 83706		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CALVIN T JE		EWELL	2060 SILVERCREEK LANE	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report m						
ID C 66293		Signature: CT Jewell, MD		Date: 02/14/2015				
		Name (type or p		Title: President				
Processed 02/14/2015	* Electronically provided signatures are accepted as original signatures.							