| No. C 205129 | | | Due no later than Mar 31, 2017 | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|---|-------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | PAMELA DENSON MD 2001 S WOODRUFF AVE STE 10 IDAHO FALLS ID 83404 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing | | | | | | |
| | | APHRODITE OBSTETRICS AND GYNECOLOGY PA GREGORY C CALDER 2105 CORONADO | | | טו אואס אואס אואס אואס אואס אואס אואס או | | | |
| | | IDAHO FALLS ID 83404 | | 3 | 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Corporations: Ente | er Names and Busir | ness Addresses | of President, Secretary, and Directors. Tre | easurer (o | otional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT PAMELA DEI | | NSON | 229 CALISTOGA DR | | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 205129 | | Signature: Gregory C. Calder | | | Date: 03/29/2017 | | | |
| | | Name (typ | e or print): Gregory C. Calder | | Title: Registered Agent | | | |
| Processed 03/29/201 | 17 | * Electronicall | y provided signatures are accepted as origi | inal signat | ures. | | | |