No. C 129131			Due no later than Jun 30, 2017	2. R	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PETER E JENSEN MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PETER E. JENSEN, M.D., P.A. PETER E. JENSEN 2949 E WILDERNEST LN			2949 E WILDERNEST LN BOISE ID 83706-6937			
		BOISE ID 83706-6937 USA			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Nam	Name		Street or PO Address	Cit	.y	State	Country	Postal Code
	VICTORIA JENSEN PETER E. JENSEN		2949 E WILDERNEST LN 2949 E WILDERNEST LN		ISE ISE	ID ID	USA USA	83706-6937 83686-6937
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 129131		Signature: Peter E. Jensen			Date: 04/28/2017			
		Name (type or print): Peter E. Jensen			Title: President			
Processed 04/28/2017	* Electronically provided signatures are accepted as original signatures.							