

No. <b>C 70529</b>		<b>Due no later than Jul 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  A. R. NEUENSCHWANDER, M.D., P.A. A R NEUENSCHWANDER, M.D. 3701 CRESCENT RIM DR APT 309 BOISE ID 83706		A. R. NEUENSCHWANDER, M.D. 3701 CRESCENT RIM DR BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	A. R. NEUENSCHWANDER M.D. P.A.	3701 W. CRESCENT RIM DR APT 309	BOISE	ID	USA	83706-2758	
5. Organized Under the Laws of:  <b>ID</b> <b>C 70529</b>		6. Annual Report must be signed.*  Signature: Gerard Neuenschwander Name (type or print): Gerard Neuenschwander					
		Date: 06/01/2013 Title: Administrator					
Processed 06/01/2013 * Electronically provided signatures are accepted as original signatures.							