No. **C 67945**	**Due no later than Sep 30, 2016** **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.** JUNE E. HEILMAN, M.D., P.A. JUNE E HEILMAN MD JUNE E. HEILMAN, M.D. 8930 BUCKSKIN ROAD POCATELLO ID 83201-3358	JUNE E. HEILMAN, M.D. 8930 BUCKSKIN ROAD POCATELLO ID 83201-3358 3. New 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
SECRETARY	T. LAYNE VANORDEN	1487 PARKWAY DRIVE	BLACKFOOT	ID	USA	83221
PRESIDENT	JUNE E HEILMAN	8930 BUCKSKIN ROAD	POCATELLO	ID	USA	83201-3358

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 67945**	Signature: June E Heilman	Date: 07/25/2016
	Name (type or print): June E Heilman	Title: President

Processed 07/25/2016

* Electronically provided signatures are accepted as original signatures.