

No. C 187499		Due no later than Jun 30, 2014 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. JOSEPH M BOWEN, MD, PC JANA D BOWEN 1296 E POLSTON AVE STE B POST FALLS ID 83854		JOSEPH M BOWEN 1296 E. POLSTON AVE STE B POST FALLS ID 83854				
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		
TREASURER	JANA D BOWEN	1296 E POLSTON AVE STE B	POST FALLS	ID	USA	83854		
DIRECTOR	JOSEPH M BOWEN, M.D.	1296 E POLSTON AVE STE B	POST FALLS	ID	USA	83854		
PRESIDENT	JOSEPH M BOWEN, M.D.	1296 E POLSTON AVE STE B	POST FALLS	ID	USA	83854		
5. Organized Under the Laws of: ID C 187499		6. Annual Report must be signed.* Signature: Joseph Bowen Name (type or print): Joseph Bowen						Date: 06/06/2014 Title: President
Processed 06/06/2014		* Electronically provided signatures are accepted as original signatures.						