No. C 66293		D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		C. THOMAS	C. THOMAS JEWELL, M. D. 2155 S CROSSCREEK LN			
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.		N				
		C. THOMAS JEWELL, M. D., PROFESSIONAL ASSOCIATION C THOMAS JEWELL, MD 2155 S CROSSCREEK LN			BOISE ID 83706-6706			
		BOISE ID 83706-6706		3. New Regist	3. New Registered Agent Signature:*			
		USA						
4. Corporations: Ente	r Names and Busin	ess Addresses of	f President, Secretary, and Directors. Treast	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CALVIN T JE		EWELL	2155 S CROSSCREEK LN	BOISE	ID	USA	83706-6706	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID		Signature: C		Date: 02/24/2018				
C 66293		Name (type		Title: President				
Processed 02/24/2018	8	* Electronically	provided signatures are accepted as original	l signatures.				