

No. C 178780		Due no later than Jun 30, 2013 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		1. Mailing Address: Correct in this box if needed. HAYMORE MEDICAL SERVICES, PC JEREMY B HAYMORE 1160 SYLVAN CIRCLE BURLEY ID 83318 USA		JEREMY B HAYMORE MD 1160 SYLVAN CIRCLE BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JEREMY B HAYMORE	1160 SYLVAN CIRCLE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID C 178780		6. Annual Report must be signed.* Signature: Jeremy B. Haymore, MD Name (type or print): Jeremy B. Haymore, MD					
		Date: 05/02/2013 Title: President					
Processed 05/02/2013 * Electronically provided signatures are accepted as original signatures.							