No. <b>C 141991</b>		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LYNN J. STROMBERG, M.D., P.A.  LYNN J. STROMBERG  2355 CORONADO ST  IDAHO FALLS ID 83404		JARED M HARRIS				
				_	199 W BRIDGE BLACKFOOT 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Names a	and Busin	ess Addresses of F	President, Secretary, and Directors. Tre	asurer (	optional).			
Office Held Nar	ne		Street or PO Address		City	State	Country	Postal Code
PRESIDENT LYNN J STROMBERG		COMBERG	2355 CORONADO ST.		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lynn J Stromberg			Date: 12/05/2014			
C 141991		Name (type or print): Lynn J Stromberg			Title: President			
Processed 12/05/2014		* Electronically provided signatures are accepted as original signatures.						