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|--|----------------|---|--------|---|---------|-------------|--|
| No. C 174297 | | Due no later than Jul 31, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MUMFORD MEDICAL, P.C. BRETT T MUMFORD 119 N WARDWELL EMMETT ID 83617 | | DR BRETT MUMFORD 119 N WARDWELL EMMETT ID 83617 | | | |
| | | | | 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 | |
| SECRETARY | ALISON MUMFORD | 119 N WARDWELL | EMMETT | ID | USA | 83617 | |
| PRESIDENT | BRETT MUMFORD | 119 N. WARDWELL | EMMETT | ID | USA | 83617 | |
| 5. Organized Under the Laws of: ID C 174297 | | 6. Annual Report must be signed.* Signature: brett mumford Name (type or print): brett mumford Date: 07/27/2016 Title: president | | | | | |
| Processed 07/27/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |