

No. C 146079		Due no later than Nov 30, 2017 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. DR. TIMOTHY E. SAWYER, M.D. CHTD. TIMOTHY S SAWYER 3120 E RIVERNEST DR BOISE ID 83706		DR TIMOTHY E SAWYER MD 3120 E RIVERNEST DR BOISE ID 83706			
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	TIMOTHY SAWYER	3120 EAST RIVERNEST	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 146079		6. Annual Report must be signed.* Signature: Timothy Sawyer Name (type or print): Timothy Sawyer					
		Date: 09/19/2017 Title: President					
Processed 09/19/2017 * Electronically provided signatures are accepted as original signatures.							