

No. C118353	Annual Report Form 1907 Due No Later Than November 30,		2. Registered Agent: NOT A P.O. BOX DELL P SMITH 526-M SHOUP AVE W STE 2 TWIN FALLS ID 83301													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address: Please Correct If Not Correct DELL P. SMITH, M.D., P.C. DELL P SMITH 526-M SHOUP AVE W STE 2 TWIN FALLS ID 83301		3. Organized Under the Laws of ID C118353													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DELL P. SMITH</td> <td>526-M SHOUP AVE W SUITE #2</td> <td>TWIN FALLS, ID</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DELL P. SMITH	526-M SHOUP AVE W SUITE #2	TWIN FALLS, ID	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip											
PRESIDENT	DELL P. SMITH	526-M SHOUP AVE W SUITE #2	TWIN FALLS, ID	ID	83301											
5.		6. Signature <u>DELL P SMITH</u> Date <u>6/24/97</u> Name (Typed or Printed) <u>DELL P SMITH, MD</u> Title <u>PRESIDENT</u>														

ISSUED: 07-04-1997

(DO NOT TAPE OR STAPLE)