

No. <b>C 141918</b>		<b>Due no later than Dec 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ROBERT M. WARD, M.D., P.A. ROBERT M WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301		ROBERT M WARD MD 1070 LAURELWOOD CT TWIN FALLS ID 83301-7993			
				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	LORI HALLE WARD	1070 LAURELWOOD CT.	TWIN FALLS	ID	USA	83301	
PRESIDENT	ROBERT M WARD	1070 LAURELWOOD COURT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 141918</b>		Signature: LORI H Ward				Date: 11/18/2016	
		Name (type or print): LORI H Ward				Title: Secretary	
Processed 11/18/2016		* Electronically provided signatures are accepted as original signatures.					