

No. C 100298		Due no later than Dec 31, 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		1. Mailing Address: Correct in this box if needed. JOHN M. LIVINGSTON, M.D., P.A. LYNN L LIVINGSTON 6273 N FAIR OAKS PLACE BOISE ID 83703		DALE G HIGER 101 S CAPITOL BLVD, SUITE 1900 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
PRESIDENT	JOHN M LIVINGSTON	6273 N FAIR OAKS PLACE	BOISE	ID	USA	83703	
DIRECTOR	JOHN M LIVINGSTON, MD	6273 N FAIR OAKS PLACE	BOISE	ID	USA	83703	
TREASURER	LYNN L LIVINGSTON	6273 N FAIR OAKS PLACE	BOISE	ID	USA	83703	
SECRETARY	LYNN L LIVINGSTON	6273 N FAIR OAKS PLACE	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 100298		6. Annual Report must be signed.* Signature: John M Livingston, MD Name (type or print): John M Livingston, MD					
		Date: 01/25/2018 Title: President					
Processed 01/25/2018		* Electronically provided signatures are accepted as original signatures.					