

No. <b>C 117410</b>	<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</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> THOMAS BEATON, M.D., P.A. THOMAS BEATON MD 750 N SYRINGA, STE 203A POST FALLS ID 83854		THOMAS BEATON MD 750 N SYRINGA STE 203A POST FALLS ID 83854			
			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	THOMAS P BEATON	750 N SYRINGA, STE 203A	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID C 117410</b>	6. Annual Report must be signed.* Signature: Thomas Beaton Name (type or print): Thomas Beaton		Date: 11/14/2017 Title: Owner			
Processed 11/14/2017		* Electronically provided signatures are accepted as original signatures.				