

| | | | | | | | |
|--|--------------------|--|-------|---|---------|-------------|--|
| No. C 66842 | | Due no later than May 31, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DARIN L. WEYHRICH, M.D., P.A. DARIN WEYHRICH 222 NORTH SECOND #206 BOISE ID 83702 | | DARIN L WEYHRICH 222 NORTH SECOND #206 BOISE ID 83702 | | | |
| | | | | 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 | ELIZABETH WEYHRICH | 124 E CURLING DRIVE | BOISE | ID | USA | 83702 | |
| PRESIDENT | DARIN L WEYHRICH | 124 E CURLING DRIVE | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: ID C 66842 | | 6. Annual Report must be signed.* Signature: Darin Weyhrich, M.D. Date: 05/06/2016 Name (type or print): Darin Weyhrich, M.D. Title: Physician/Owner | | | | | |
| Processed 05/06/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |