No. C 144419		Due no later than Jun 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. LEONARD D. GUTH, M.D., PC LEONARD D GUTH 5424 N MARTHA LP		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				LEONARD D GUTH 5424 N MARTHA LP COEUR D'ALENE ID 83815-9143				
		COEUR D ALENE ID 83815-9143			3. <u>New</u> Registered Agent Signature:*			
The same of the sa		ess Addresses of Preside	ent, Secretary, and Directors. Trea	asurer (
	lame		Street or PO Address		City	State	Country	Postal Code
	EONARD D OWENA S		5424 N MARTHA LOOP 5424 N MARTHA LOOP		COEUR D ALENE	ID ID	USA USA	83815-9143 83815-9143
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: LEONARD GUTH			Date: 05/26/2017			
C 144419		Name (type or print): LEONARD GUTH			Title: PRESIDENT			
Processed 05/26/2017 * Electronically provided signatures are accepted as original signatures.								