No. C 150069		Due no	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRYAN F. HODGES, M.D., P.A. BRYAN F HODGES, MD 100 E. IDAHO ST., #400 BOISE ID 83712		100 E IDA BOISE ID	BRYAN F HODGES MD 100 E IDAHO ST STE 400 BOISE ID 83712 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin		ess Addresses of Preside	ent Secretary and Directors Trea	surer (ontional)			
Office Held	Name	ess riddi esses of i reside	Street or PO Address	City	State	Country	Postal Code
SECRETARY PRESIDENT	NECOLE JAVERNICK-HODGES, MD BRYAN F. HODGES, MD		100 E. IDAHO ST., #400 100 E. IDAHO ST., #400	BOISE BOISE	ID ID	USA USA	83712 83712
5. Organized Under the Laws of:		6. Annual Report must					
ID		Signature: MATTHE\		Date: 05/26/2016			
C 150069		Name (type or print)		Title: BOOKKEEPER			
Processed 05/26/2016		* Electronically provided	l signatures are accepted as origin	al signatures.			