

No. C 197457		Due no later than Feb 29, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HALVERSON, P.A. JASON T HALVERSON, M.D. 2185 SETTLERS LANE TWIN FALLS ID 83301		JASON T HALVERSON MD 2185 SETTLERS LANE TWIN FALLS ID 83301			
						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	NICHOLE HALVERSON	2185 SETTLERS LANE	TWIN FALLS	ID	USA	83301	
TREASURER	JASON T HALVERSON, M.D.	2185 SETTLERS LANE	TWIN FALLS	ID	USA	83301	
PRESIDENT	JASON T HALVERSON, M.D.	2185 SETTLERS LANE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 197457		6. Annual Report must be signed.* Signature: Kara M. Gleckler Name (type or print): Kara M. Gleckler					
		Date: 03/29/2016 Title: Attorney					
Processed 03/29/2016 * Electronically provided signatures are accepted as original signatures.							