No. <b>C 135607</b>		Due no later than Sep 30, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  JAMES C.THOMASON, D. M. D., P.A. NICHOLE K THOMASON 859 S YELLOWSTONE HWY SUITE 2901 REXBURG ID 83440 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				7824 N RIVER IDAHO FALLS	NICHOLE THOMASON 7824 N RIVERFRONT DRIVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	( )	61.1		5				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY NICHOLE K THOMASON PRESIDENT JAMES C THOMASON		7824 N RIVERFRONT DRIVE 7824 N RIVERFRONT DRIVE	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83401		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 135607		Signature: Nicho		Date: 08/23/2016				
		Name (type or p		Title: Secretary				
Processed 08/23/2016 * Electronically provided signatures are accepted as original signatures.								