

No. C 190903		Due no later than Apr 30, 2014 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. MACHEN FAMILY MEDICINE P.C. SHANE G MACHEN, DO 1655 1ST STREET IDAHO FALLS ID 83401-4305 USA		ROBERT HARDY CPA 1655 1ST ST IDAHO FALLS ID 83401			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SHANE G MACHEN, DO	1995 E 17TH ST	IDAHO FALLS	ID	USA	83404-6493	
5. Organized Under the Laws of: ID C 190903		6. Annual Report must be signed.* Signature: Viktoria Lords Name (type or print): Viktoria Lords Date: 03/05/2014 Title: Bookkeeper					
Processed 03/05/2014 * Electronically provided signatures are accepted as original signatures.							