

|  |                    |   |             |   |         |             |  |
|--|--------------------|---|-------------|---|---------|-------------|--|
| No. <b>C 190903</b>  |                    | <b>Due no later than Apr 30, 2014</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MACHEN FAMILY MEDICINE P.C.<br>SHANE G MACHEN, DO<br>1655 1ST STREET<br>IDAHO FALLS ID 83401-4305<br>USA |             | ROBERT HARDY CPA<br>1655 1ST ST<br>IDAHO FALLS ID 83401 |         |             |  |
|  |                    |   |             | 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 |  |
| PRESIDENT  | SHANE G MACHEN, DO | 1995 E 17TH ST  | IDAHO FALLS | ID  | USA     | 83404-6493  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 190903</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Viktoria Lords<br>Name (type or print): Viktoria Lords<br>Date: 03/05/2014<br>Title: Bookkeeper                           |             |   |         |             |  |
| Processed 03/05/2014   |                    | * Electronically provided signatures are accepted as original signatures.   |             |   |         |             |  |