No. **C 56275**	**Due no later than Aug 31, 2017**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CHARLES P. LAWLESS, M.D., P.A. CHARLES P LAWLESS 1777 EAST CLARK STREET STE 310 POCATELLO ID 83201-3357	CHARLES P. LAWLESS M.D. 1777 EAST CLARK STREET STE 310 POCATELLO ID 83201-3357 3. New 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	CHARLES P LAWLESS	1777 EAST CLARK STREET STE 310	POCATELLO	ID	USA	83201-3357

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 56275**	Signature: Charles P Lawless Name (type or print): Charles P Lawless	Date: 06/28/2017 Title: President

Processed 06/28/2017

* Electronically provided signatures are accepted as original signatures.