

No. C 200021	Due no later than Oct 31, 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. KENNETH C. ROMNEY, MD, INC. KENNETH C ROMNEY MD 526 SHOUP AVE W STE E TWIN FALLS ID 83301		KENNETH C ROMNEY MD 526 SHOUP AVE W STE E TWIN FALLS 83301-8330			
			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	KENNETH C ROMNEY	526 SHOUP AVE W STE E	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 200021	6. Annual Report must be signed.* Signature: Ken Romney MD Name (type or print): Ken Romney MD		Date: 10/04/2014 Title: Owner			
Processed 10/04/2014		* Electronically provided signatures are accepted as original signatures.				