No. C 126558		Due no later than Dec 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. BENJAMIN BLAIR, M.D., P.A. 333 18TH AVE POCATELLO ID 83201		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BENJAMIN BLAIR, M.D. 333 18TH AVE STE D1 POCATELLO 83201 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Corporations: Enter Na	mes and Busin	ess Addresses of President,	Secretary, and Directors. Treasurer	r (optional).			
Office Held	Name	S	Street or PO Address	City	State	Country	Postal Code
PRESIDENT BENJAMIN BLAIR		AIR 3	333 N 18TH AVE STE D1	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Benjamin Bla	Date: 10/21/2014				
C 126558		Name (type or print): Benjamin Blair		Title: President			
Processed 10/21/2014		* Electronically provided signatures are accepted as original signatures.					