

No. C 144729	Due no later than Jul 31, 2016 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. MEDICAL PSYCHOTHERAPY, P.C. STEVEN J WRIGHT ESQ PO BOX 50578 IDAHO FALLS ID 83405-0578		STEVEN J WRIGHT 477 SHOUP AVE STE 109 IDAHO FALLS ID 83402			
			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	PHILIP GIRLING	820 N. PONDEROSA DR.	JACKSON	WY	USA	83001
5. Organized Under the Laws of: ID C 144729	6. Annual Report must be signed.* Signature: Steven J Wright Name (type or print): Steven J Wright		Date: 05/24/2016 Title: Agent			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.				