No. **C 195882**	**Due no later than Sep 30, 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.** S.M. MALOFF, MD, PC STEPHEN M MALOFF 4785 KIM DRIVE POCATELLO ID 83204	STEPHEN M MALOFF 2240 E. CENTER POCATELLO ID 83201 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
SECRETARY	JOAN F MALOFF	4785 KIM DRIVE	POCATELLO	ID	USA	83204
PRESIDENT	STEPHEN M MALOFF	2240 E. CENTER	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 195882**	Signature: Joan F. Maloff	Date: 08/16/2016
	Name (type or print): Joan F. Maloff	Title: Secretary

Processed 08/16/2016

* Electronically provided signatures are accepted as original signatures.