

No. C 132209		Due no later than Jan 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. ROBERT C. LOFGRAN, M.D., P.A. ROBERT C LOFGRAN 1299 MORNINGSIDE DRIVE REXBURG ID 83440 USA		ROBERT C LOFGRAN 1299 MORNINGSIDE DRIVE REXBURG ID 83440			
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	LINDA H LOFGRAN	1299 MORNINGSIDE DR.	REXBURG	ID	USA	83440	
PRESIDENT	ROBERT C LOFGRAN	1299 MORNINGSIDE DR.	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID C 132209		6. Annual Report must be signed.* Signature: Robert C. Lofgran Name (type or print): Robert C. Lofgran					
Processed 11/17/2015		* Electronically provided signatures are accepted as original signatures. Date: 11/17/2015 Title: President					