

No. <b>C 161489</b>	<b>Due no later than Jul 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> GARDEN VALLEY FAMILY MEDICINE, PC MICHAEL R KOENIG PO BOX 270 GARDEN VALLEY ID 83622		MICHAEL KOENING MD 856 BANKS LOWMAN RD GARDEN VALLEY ID 83622			
			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	MIKE KOENIG	856 BANKS LOWMAN ROAD	GARDEN VALLEY	ID	USA	83622
5. Organized Under the Laws of:  <b>ID</b> <b>C 161489</b>		6. Annual Report must be signed.* Signature: Michael Koenig Name (type or print): Michael Koenig		Date: 06/21/2018 Title: President		
Processed 06/21/2018		* Electronically provided signatures are accepted as original signatures.				