

No. C 67945	Due no later than Sep 30, 2013 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. JUNE E. HEILMAN, M.D., P.A. JUNE E HEILMAN MD JUNE E. HEILMAN, M.D. 333 NORTH 18TH STREET POCATELLO ID 83201-3358 USA		JUNE E. HEILMAN, M.D. 333 NORTH 18TH STREET POCATELLO ID 83201-3358			
			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
SECRETARY	T. LAYNE VANORDEN	1487 PARKWAY DRIVE	BLACKFOOT	ID	USA	83221
PRESIDENT	JUNE E HEILMAN	333 N 18TH AVENUE	POCATELLO	ID	USA	83201-3358
5. Organized Under the Laws of: ID C 67945	6. Annual Report must be signed.* Signature: June E Heilman Name (type or print): June E Heilman		Date: 07/22/2013 Title: President			
Processed 07/22/2013		* Electronically provided signatures are accepted as original signatures.				