

No. C 162477		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. TUREMAN MEDICAL SERVICES, P.C. BRIAN J TUREMAN 611 CINDY DR TWIN FALLS ID 83301		BRIAN TUREMAN PA 611 CINDY DR TWIN FALLS ID 83301				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	BRIAN J TUREMAN	611 CINDY DR.	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of: ID C 162477		6. Annual Report must be signed.* Signature: Brian J. Tureman Name (type or print): Brian J. Tureman				Date: 08/24/2016 Title: Owner			
Processed 08/24/2016		* Electronically provided signatures are accepted as original signatures.							