No. **C 66842**	**Due no later than May 31, 2017** **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.** DARIN L. WEYHRICH, M.D., P.A. DARIN WEYHRICH 222 NORTH SECOND #206 BOISE ID 83702	DARIN L WEYHRICH 222 NORTH SECOND #206 BOISE ID 83702 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
PRESIDENT	DARIN L WEYHRICH	2458 N. BOGUS BASIN ROAD	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 66842**	Signature: Darin Weyhrich MD	Date: 06/24/2017
	Name (type or print): Darin Weyhrich MD	Title: Physician/Owner

Processed 06/24/2017

* Electronically provided signatures are accepted as original signatures.