| No. C 186218 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. BRIZZEE FAMILY MEDICINE, INC. DAVID P BRIZZEE 2010 FLANDRO DR POCATELLO ID 83202 USA | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------|---|---|---------------------------|---|---------|-------------|--|
| | | | | 3480 MERLII IDAHO FALL | DENNIS P WILKINSON 3480 MERLIN DR IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter | r Names and Busin | ess Addresses of Pre | esident, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | DAVID P BRIZZEE | | 13807 PHILBIN ROAD | POCATELLO | ID | USA | 83202 | |
| SECRETARY | ARY DAVID P BRIZZEE | | 13807 PHILBIN ROAD | POCATELLO | ID | USA | 83202 | |
| PRESIDENT | DAVID P BR | RIZZEE | 13807 PHILBIN ROAD | POCATELLO | ID | USA | 83202 | |
| 5. Organized Under the Laws of: 6. | | 6. Annual Report m | nust be signed.* | | | | | |
| ID | | Signature: David Brizzee | | | Date: 01/06/2018 | | | |
| C 186218 | | Name (type or print): David Brizzee | | | Title: President | | | |
| Processed 01/06/2018 | 3 | * Flectronically prov | rided signatures are accepted as original | al signatures. | | | | |