No. C 141918	Due no later than Dec 31, 2013	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	to recommend the second contract	ROBERT M WARD MD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1070 LAURELWOOD CT TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROBERT M. WARD, M.D., P.A. ROBERT M WARD 1070 LAURELWOOD CT	TWINTALLS	10 00301			
	TWIN FALLS ID 83301	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 ROBERT M	WARD 1070 LAURELWOOD COURT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Robert Ward		Date: 10/17/2013			
C 141918	Name (type or print): Robert Ward		Title: President			
Processed 10/17/2013	* Electronically provided signatures are accepted as original signatures.					