

No. C 164113		Due no later than Dec 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. STEPHEN M. MALOFF, M.D., P.A. STEPHEN M MALOFF, M.D., P.A. 4785 KIM DRIVE POCATELLO ID 83204		STEPHEN M MALOFF MD 2240 E. CENTER POCATELLO ID 83201			
				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	JOAN F. MALOFF	2240 E. CENTER	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 164113		6. Annual Report must be signed.* Signature: Joan F. Maloff Name (type or print): Joan F. Maloff Date: 12/01/2015 Title: Secretary					
Processed 12/01/2015		* Electronically provided signatures are accepted as original signatures.					