No. C 67945 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 Sep 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. JUNE E. HEILMAN, M.D., P.A. JUNE E HEILMAN MD JUNE E. HEILMAN, M.D. 8930 BUCKSKIN ROAD POCATELLO ID 83201-3358		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) JUNE E. HEILMAN, M.D. 8930 BUCKSKIN ROAD POCATELLO ID 83201-3358 3. New Registered Agent Signature:*			
				8930 BUCKSK POCATELLO				
		ess Addresses of President, Secretary, and Directors. Treasurer (optional).						
4. Corporations: Ent Office Held	ter Names and Busin Name	less addresses of	Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	SECRETARY T. LAYNE VANORDEN		1487 PARKWAY DRIVE 8930 BUCKSKIN ROAD	BLACKFOOT POCATELLO	ID ID	USA USA	83221 83201-3358	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 67945		Signature: June E Heilman			Date: 08/07/2017			
		Name (type o		Title: President				
Processed 08/07/20	17	* Electronically p	rovided signatures are accepted as original	signatures.				