

No. C 137104		Due no later than Jan 31, 2015 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. ALAN OLMSTEAD M.D. CHTD BECKY PICKLESIMER 844 WASHINGTON ST N STE 100 TWIN FALLS ID 83301 USA		ALAN OLMSTEAD 844 WASHINGTON ST N STE 100 TWIN FALLS 83301		
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
PRESIDENT	ALAN OLMSTEAD	844 WASHINGTON STREET NORTH SUITE 100	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 137104		6. Annual Report must be signed.* Signature: BECKY PICKLESIMER Name (type or print): BECKY PICKLESIMER				
Processed 01/23/2015		Date: 01/23/2015 Title: OFFICE MANAGER * Electronically provided signatures are accepted as original signatures.				