No. <b>C 142295</b>		Due no later than Jan 31, 2014	2. Registered Agent and Address (NO PO BOX)  ROBERT J LEE MD 3446 SOUTH 15TH EAST IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ROBERT J. LEE, M.D., P.C.  CYNTHIA BROWNING  PO BOX 1583  IDAHO FALLS ID 83403				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROBERT J L	EE PO BOX 1583	IDAHO FALLS	ID	USA	83403-1583
5. Organized Under the Laws of:  ID  C 142295		6. Annual Report must be signed.* Signature: Robert J. Lee Name (type or print): Robert J. Lee	Date: 12/19/2013 Title: Owner			
Processed 12/19/2013	* Electronically provided signatures are accepted as original signatures.					