No. <b>C 174888</b>		Due no later than Sep 30, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  STODDARD MEDICAL, INC. EARL R STODDARD 147 W CHUBBUCK RD STE A POCATELLO ID 83202-2314		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  EARL L STODDARD MD 147 W CHUBBUCK RD STE A POCATELLO ID 83202-2314  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				N 000 000 000 000 000 000 000 000 000 0				
				STE A POCATELLO				
				3. <u>Ivew</u> Registered Agent Signature.				
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT			147 W. CHUBBUCK RD. STE A 147 W. CHUBBUCK RD. STE A	CHUBBUCK CHUBBUCK	ID ID	USA USA	83202-2314 83202-2314	
E Organized Under the L	awa of	6 Appual Depart m	wist he signed *					
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Earl Stoddard		Date: 07/29/2016				
C 174888		Name (type or print): Earl Stoddard		Title: President/Owner				
Processed 07/29/2016		* Electronically prov	rided signatures are accepted as original s	signatures.				