

No. C 191245		Due no later than May 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. BROWNE FAMILY PRACTICE, P.A. RONALD O BROWNE 198 N. MORNINGSID DR. IDAHO FALLS ID 83402 USA		ORIE BROWNE 198 N. MORNINGSID DR. IDAHO FALLS 83402					
				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	RONALD O BROWNE	198 N. MORNINGSID DR.	IDAHO FALLS	ID	USA	83402			
5. Organized Under the Laws of: ID C 191245		6. Annual Report must be signed.* Signature: Ronald O Browne Name (type or print): Ronald O Browne Date: 03/23/2015 Title: President							
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.							