No. C 158947	Due no later than Feb 28, 2018	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	DANIEL C BROWN
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed	771 RIVER VIEW DR TWIN FALLS ID 83301
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DANIEL C. BROWN, M.D., P.C. DANIEL C. BROWN PO BOX 1293	TWINTALLS ID 65501
	TWIN FALLS ID 83303-1293	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Corporations: Enter Names and Busi	ness Addresses of President, Secretary, and Directors. Trea	easurer (optional).
Office Held Name	Street or PO Address	City State Country Postal Code
PRESIDENT DANIEL C.	BROWN PO BOX 1293	TWIN FALLS ID USA 83303-1293
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: John Coleman	Date: 01/30/2018
C 158947	Name (type or print): John Coleman	Title: Agent
Processed 01/30/2018	* Electronically provided signatures are accepted as origin	inal signatures.