

No. C 141762	Due no later than Dec 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. MOUNTAIN WEST MEDICAL, P.A. SCOTT G CROSS MD 237 WHISPER COVE PLACE IDAHO FALLS ID 83404		GREGORY P MEACHAM 2058 JENNIE LEE DRIVE IDAHO FALLS ID 83404			
			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	SCOTT G CROSS	237 WHISPER COVE PLACE	IDAHO FALLS	ID	USA	83404
SECRETARY	TAMMY D CROSS	237 WHISPER COVE PLACE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 141762	6. Annual Report must be signed.* Signature: Scott G. Cross Name (type or print): Scott G. Cross		Date: 10/19/2015 Title: President			
Processed 10/19/2015		* Electronically provided signatures are accepted as original signatures.				