

No. C 141918		Due no later than Dec 31, 2014 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. ROBERT M. WARD, M.D., P.A. ROBERT M WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301		ROBERT M WARD MD 1070 LAURELWOOD CT TWIN FALLS 83301			
						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	ROBERT M WARD	1070 LAURELWOOD COURT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 141918		6. Annual Report must be signed.* Signature: Robert M Ward Name (type or print): Robert M Ward					
		Date: 11/07/2014 Title: President					
Processed 11/07/2014 * Electronically provided signatures are accepted as original signatures.							