

No. C 67410		Due no later than Jul 31, 2017 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. ROCKY MOUNTAIN DIABETES AND OSTEOPOROSIS CENTER PA JARED W ALLEN 2105 CORONADO IDAHO FALLS ID 83404-7495		GREGORY C CALDER 2105 CORONADO IDAHO FALLS ID 83404-7495			
						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	
SECRETARY	VON CROFTS	3910 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404	
DIRECTOR	DAVID LILJENQUIST	3910 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404	
PRESIDENT	CARL VANCE	3910 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 67410		6. Annual Report must be signed.* Signature: Jared W. Allen Name (type or print): Jared W. Allen					
		Date: 07/26/2017 Title: Registered Agent					
Processed 07/26/2017 * Electronically provided signatures are accepted as original signatures.							