No. **C 150740**	**Due no later than Sep 30, 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.** D. PETER REEDY, M.D., P.A. LESLIE REEDY 999 N CURTIS RD STE 307 BOISE ID 83706-1333 USA	J KEVIN WEST 800 W MAIN ST SUITE 1300 BOISE ID 83702 3. New 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	MARY LESLIE REEDY	2808 N FRY ST	BOISE	ID	USA	83704
PRESIDENT	D PETER REEDY MD	11186 E HIGHWAY 21	BOISE	ID	USA	83716

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 150740**	Signature: Leslie Reedy Name (type or print): Leslie Reedy	Date: 08/08/2017 Title: Secretarty

Processed 08/08/2017

* Electronically provided signatures are accepted as original signatures.