

No. C 50161		Due no later than Sep 30, 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. BOISE VALLEY ASTHMA & ALLERGY CLINIC, CHARTERED JOHN JEPSSON MD 901 N. CURTIS SUITE 100 BOISE ID 83706 USA		JOHN JEPSSON MD 901 N. CURTIS SUITE 100 BOISE ID 83706			
						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	
TREASURER	G W PALMER	901 N CURTIS RD SUITE 100	BOISE	ID	USA	83706	
SECRETARY	MICHAEL V KEILEY	901 N CURTIS RD SUITE 100	BOISE	ID	USA	83706	
PRESIDENT	JOHN D JEPSSON	901 N CURTIS RD SUITE 100	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 50161		6. Annual Report must be signed.* Signature: Andrea Puello Name (type or print): Andrea Puello					
Processed 07/24/2015		Date: 07/24/2015 Title: Office Manager					
* Electronically provided signatures are accepted as original signatures.							