

No. <b>C 50161</b>		<b>Due no later than Sep 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> BOISE VALLEY ASTHMA & ALLERGY CLINIC, CHARTERED JOHN JEPSON MD 901 N. CURTIS SUITE 100 BOISE ID 83706 USA		JOHN JEPSON 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 JEPSON	901 N CURTIS RD SUITE 100	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID C 50161</b>		6. Annual Report must be signed.* Signature: Andrea Puello Name (type or print): Andrea Puello Date: 07/24/2015 Title: Office Manager					
Processed 07/24/2015		* Electronically provided signatures are accepted as original signatures.					