AND THE RESIDENCE OF THE PARTY		no later than Sep 30, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		nnual Report Form	L WILLIAM D NOWIERSKI				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		100 WARM SPRINGS AVE STE. A				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	L. WILLIAM D. NOWIERSKI, M.D., P.A. L WILLIAM D NOWIERSKI 100 WARM SPRINGS AVE STE. A BOISE ID 83712-6243 USA		BOISE ID 83712-6243 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>Ivew</u> Negatered Agent Signature.				
4. Corporations: Enter Names and Bus	ness Addresses of Pro	esident, Secretary, and Directors. Treasure	r (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR L. WILLIAM	D NOWIERSKI	100 WARM SPRINGS AVE STE. A	BOISE	ID	USA	83712	
SECRETARY L. WILLIAM	D NOWIERSKI	100 WARM SPRINGS AVE STE. A	BOISE	ID	USA	83712	
PRESIDENT L. WILLIAM	D NOWIERSKI	100 WARM SPRINGS AVE STE. A	BOISE	ID	USA	83712	
5. Organized Under the Laws of:	6. Annual Report n	6. Annual Report must be signed.*					
ID	Signature: Anne	Signature: Annette Forrey		Date: 07/18/2013			
C 76879 Name (type or print): Annette Forrey		rint): Annette Forrey	Title: Office Manager				
Processed 07/18/2013	* Electronically provided signatures are accepted as original signatures.						