

No. C 115171		Due no later than May 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. GLEN S. LOVELACE, M.D., P.A. TERRI DOCKSTADER 333 N 1ST ST #260 BOISE ID 83702		GLEN S LOVELACE 333 N 1ST #260 BOISE ID 83702			
				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	
DIRECTOR	GLEN S LOVELACE	333 N 1ST ST. # 260	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 115171		6. Annual Report must be signed.* Signature: Terri Dockstader Name (type or print): Terri Dockstader			Date: 06/15/2017 Title: Bookkeeper		
Processed 06/15/2017		* Electronically provided signatures are accepted as original signatures.					