

No. C 130303		Due no later than Sep 30, 2018 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. NANCY PARRY, M.D., P.C. NANCY PARRY PO BOX 2359 KETCHUM ID 83340-2359		NANCY PARRY MD 431 WALNUT AVE N KETCHUM ID 83340-2359			
						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	
PRESIDENT	NANCY PARRY	431 WALNUT AVE	KETCHUM	ID	USA	83340-2359	
5. Organized Under the Laws of: ID C 130303		6. Annual Report must be signed.* Signature: Nancy Parry, M.D. Name (type or print): Nancy Parry, M.D.					
		Date: 08/16/2018 Title: M.D.					
Processed 08/16/2018 * Electronically provided signatures are accepted as original signatures.							