No. <b>C 200021</b>			2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KENNETH C. ROMNEY, MD, INC.  KENNETH C ROMNEY MD  526 SHOUP AVE W STE E  TWIN FALLS ID 83301		526 SHOUP A TWIN FALLS	KENNETH C ROMNEY MD 526 SHOUP AVE W STE E TWIN FALLS ID 83301-8330  3. New Registered Agent Signature:*			
NO FILING RECEIVED BY DU 4. Corporations: Enter N	JE DATE	ness Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KENNETH C	ROMNEY	526 SHOUP AVE W STE E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 200021		Signature: K		Date: 08/31/2016				
		Name (type		Title: Owner				
Processed 08/31/2016	_	* Electronically	provided signatures are accepted as origina	al signatures.				