

No. C 84676		Due no later than Aug 31, 2014 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		1. Mailing Address: Correct in this box if needed. LLOYD E. WITHAM, M.D., P.A. ANN POOLE 1107 IRONWOOD DRIVE COEUR D'ALENE ID 83814 USA		LLOYD E. WITHAM, M.D. 1107 W. IRONWOOD DRIVE COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LLOYD E WITHAM	6936 FRENCH GULCH RD	COEUR D ALENE	ID	USA	83814	
DIRECTOR	LLOYD E WITHAM	6936 FRENCH GULCH RD	COEUR D ALENE	ID	USA	83814	
SECRETARY	LLOYD E WITHAM	6936 FRENCH GULCH RD	COEUR D ALENE	ID	USA	83814	
PRESIDENT	LLOYD E WITHAM	6936 FRENCH GULCH RD	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 84676		6. Annual Report must be signed.* Signature: Lloyd E. Witham, MD Name (type or print): Lloyd E. Witham, MD					
		Date: 07/22/2014 Title: President					
Processed 07/22/2014 * Electronically provided signatures are accepted as original signatures.							