No. **C 74512**	**Due no later than Dec 31, 2015** **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.** PROFESSIONAL PLAZA, INC. CLAUDINE M BAISCH 526A SHOUP AVE W TWIN FALLS ID 83301-5050	CHRISTOPHER SCHOLES, MD 526 A SHOUP AVE WEST TWIN FALLS ID 83301-5050 3. New 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
SECRETARY	CLAUDINE M BAISCH	526 A SHOUP AVE W	TWIN FALLS	ID	USA	83301-5050

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 74512**	Signature: Claudine Baisch	Date: 10/13/2015
	Name (type or print): Claudine Baisch	Title: RN

Processed 10/13/2015

* Electronically provided signatures are accepted as original signatures.