No. C 70529	Due no later than Jul 31, 2016	2. Registered Agent and Address (NO PO BOX) A. R. NEUENSCHWANDER, M.D 3701 CRESCENT RIM DR APT 309 BOISE ID 83706-2758 3. New Registered Agent Signature:*			
Return to:	Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. A. R. NEUENSCHWANDER, M.D., P.A. A. R. NEUENSCHWANDER, M.D. PO BOX 703 GARDEN VALLEY ID 83622-0703				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer ((optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT A. R. NEUEN	SCHWANDER M.D. P.A. 3701 W. CRESCENT RIM DR APT 309	BOISE	ID	USA	83706-2758
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Gerard Neuenschwander	nder Date: 09/29/2016			
C 70529	Name (type or print): Gerard Neuenschwander	Title: ADMINISTRATOR			
Processed 09/29/2016	* Electronically provided signatures are accepted as original signatures.				