No. C 190903		Due no later than Apr 30, 2015		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. MACHEN FAMILY MEDICINE P.C. 3500 POTOMAC WAY STE 100 IDAHO FALLS ID 83404 USA		ROBERT HARDY CPA 1655 1ST ST IDAHO FALLS 83401 3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and But	iness Addresses of Pr	resident, Secretary, and Directors. Treasure	r (ontional)					
Office Held Name	mess riddi esses of th	Street or PO Address	City	State	Country	Postal Code		
PRESIDENT SHANE G MACHEN, DO		3500 POTOMAC WAY SUITE 100	IDAHO FALLS	ID	USA	83404-6493		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: Shane G Machen		Date: 02/19/2015					
C 190903	Name (type or p	Name (type or print): Shane G Machen			Title: President			
Processed 02/19/2015	* Electronically provided signatures are accepted as original signatures.							