

No. C 128511	Due no later than Apr 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ROBERT W. BOHUS, M.D., F.A.C.S., P.A. ROBERT W BOHUS, M.D. P.O. BOX 490 6240 N. RAPID CR. ROAD INKOM ID 83245		ROBERT W BOHUS MD 6240 N. RAPID CR. ROAD INKOM ID 83245			
			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
PRESIDENT	ROBERT W BOHUS	P.O. BOX 490	INKOM	ID	USA	83245
5. Organized Under the Laws of: ID C 128511	6. Annual Report must be signed.* Signature: Robert W Bohus Md Name (type or print): Robert W Bohus Md		Date: 04/11/2014 Title: President			
Processed 04/11/2014		* Electronically provided signatures are accepted as original signatures.				