No. C 197457		Due n	2. Registered Ag	stered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. HALVERSON, P.A. JASON T HALVERSON, M.D. 2185 SETTLERS LANE TWIN FALLS ID 83301		2185 SETTLE TWIN FALLS	JASON T HALVERSON MD 2185 SETTLERS LANE TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CRETARY NICHOLE S HALVERSON		2185 SETTLERS LANE	TWIN FALLS	ID	USA	83301-7888	
TREASURER	ASURER JASON T HALVERSON, M		2185 SETTLERS LANE	TWIN FALLS	ID	USA	83301	
PRESIDENT JASON T HALVERSON, M.D.		2185 SETTLERS LANE	TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 197457		Signature: Nichole		Date: 02/06/2018				
		Name (type or pri		Title: Secretary				
Processed 02/06/2018	* Electronically provided signatures are accepted as original signatures.							