

No. C 181036		Due no later than Dec 31, 2016		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. ALPINE DERMATOLOGY CLINIC, P.C. DANIEL R MARSHALL 1049 SUMMERS DRIVE REXBURG ID 83440-5335		KEVIN KOPLIN 1000 RIVERWALK DR IDAHO FALLS ID 83402			
				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	DANIEL R MARSHALL	1049 SUMMERS DRIVE	REXBURG	ID	USA	83440-5335	
5. Organized Under the Laws of: ID C 181036		6. Annual Report must be signed.* Signature: Daniel R Marshall Name (type or print): Daniel R Marshall Date: 01/09/2017 Title: President					
Processed 01/09/2017		* Electronically provided signatures are accepted as original signatures.					