No. <b>C 151108</b>		Due	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JUNIPER SPRINGS INTERNAL MEDICINE, PC MANDI TAYLOR 500 S. 11TH AVE. SUITE 203 POCATELLO ID 83201		MANDI TAYLOR 500 S 11TH AVE STE 203 POCATELLO 83201  3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER SECRETARY PRESIDENT PRESIDENT	MANDI S TA MANDI S TA LINDA L BA ANTHONY B	AYLOR BBITT	4733 INDEPENDENCE 4733 INDEPENDENCE 5365 COUNTRY CLUB DRIVE 1618 W. WYNDVIEW	CHUBBUCK CHUBBUCK POCATELLO SOUTH JORDAN	ID ID ID ID	USA USA USA USA	83202 83202 83204 84095
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 151108		Signature: Mandi Taylor Name (type or print): Mandi Taylor		Date: 10/31/2014 Title: Secretary			
Processed 10/31/2014		* Electronically provided signatures are accepted as original signatures.					