

No. C 204804		Due no later than Jan 31, 2017 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. MERIDIAN FAMILY MEDICINE, P.C. NATALIA A DUNN 1110 CALL CREEK DR STE 7 POCATELLO ID 83201		NATALIA A DUNN 1110 CALL CREEK DR STE 7 POCATELLO ID 83201			
						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	
TREASURER	NATALIA A DUNN	625 S. ARTHUR AVE APT. 1	POCATELLO	ID	USA	83204	
DIRECTOR	NATALIA A DUNN	625 S. ARTHUR AVE APT. 1	POCATELLO	ID	USA	83204	
SECRETARY	NATALIA A DUNN	625 S. ARTHUR AVE APT. 1	POCATELLO	ID	USA	83204	
PRESIDENT	NATALIA A DUNN	625 S. ARTHUR AVE APT. 1	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 204804		6. Annual Report must be signed.* Signature: Natalia Dunn Name (type or print): Natalia Dunn					
		Date: 01/24/2017 Title: FNP-BC					
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.					