No. C 156957				2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		W ALLEN RADER MD				
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.		801 N STILSON RD BOISE ID 83703-5145				
		W. ALLEN RADER, M.D., P.C. W. ALLEN RADER 801 N STILSON RD BOISE ID 83703-5145 USA						
				3	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter I	Names and Busine	ess Addresses of Presider	nt, Secretary, and Directors. Tre	easurer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	WILBUR A R	ADER	165 PARKWAY DR		BOISE	ID	USA	83706
5. Organized Under the Laws of:		6. Annual Report must b						
ID C 156957		Signature: w allen rader			Date: 08/24/2015			
		Name (type or print): w allen rader			Title: president			
Processed 08/24/2015		* Electronically provided signatures are accepted as original signatures.						