

No. <b>C 187403</b>	<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CORPORATION FOR OBESITY PRACTITIONER EDUCATION KEITH P MCGUINNESS PO BOX 1492 EAGLE ID 83616	KEITH P MCGUINNESS 155 E BEACON LIGHT ROAD EAGLE ID 83616				
		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
DIRECTOR	KEITH P MCGUINNESS	155 E. BEACON LIGHT RD	EAGLE	ID	USA	83616
SECRETARY	KEITH P MCGUINNESS	155 E. BEACON LIGHT RD	EAGLE	ID	USA	83616
PRESIDENT	KEITH P MCGUINNESS	155 E. BEACON LIGHT RD	EAGLE	ID	USA	83616
5. Organized Under the Laws of:  <b>ID C 187403</b>	6. Annual Report must be signed.* Signature: Keith McGuinness Name (type or print): Keith McGuinness		Date: 06/28/2016 Title: President			
Processed 06/28/2016	* Electronically provided signatures are accepted as original signatures.					