No. C 130303			Due no later than Sep 30, 2017	2. Registered A	Registered Agent and Address (NO PO BOX)			
Return to:			Annual Report Form	NANCY PARRY MD 431 WALNUT AVE N KETCHUM ID 83340 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		N/ N/ PC	1. Mailing Address: Correct in this box if needed. IANCY PARRY, M.D., P.C. IANCY PARRY O BOX 2359 ETCHUM ID 83340-2359					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and B	usiness A	Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	NANCY	PARRY	431 WALNUT AVE	KETCHUM	ID	USA	83340-2359	
5. Organized Under the Laws of:		6. A	6. Annual Report must be signed.*					
ID		S	Signature: Nancy Parry, M.D.	Date: 07/25/2017				
C 130303		N	lame (type or print): Nancy Parry, M.D.	Title: Owner				
Processed 07/25/2017	* Electronically provided signatures are accepted as original signatures.							