

No. C 140765		Due no later than Sep 30, 2016		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. IDAHO ARTHRITIS & OSTEOPOROSIS CENTER, P.C. MIKAEL D LAGWINSKI MD FACR 3277 E LOUISE DRIVE SUITE 350 MERIDIAN ID 83642		MIKAEL D LAGWINSKI MD 3277 E LOUISE DRIVE #350 MERIDIAN ID 83642					
				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			
PRESIDENT	MIKAEL D LAGWINSKI	3277 E LOUISE DR SUITE 350	MERIDIAN	ID	USA	83642			
SECRETARY	SVETLANA MEIER	3277 E LOUISE DR SUITE 350	MERIDIAN	ID	USA	83642			
DIRECTOR	ERIC J PALFREYMAN	3277 E. LOUISE DR SUITE 350	MERIDIAN	ID	USA	83642			
5. Organized Under the Laws of: ID C 140765		6. Annual Report must be signed.* Signature: Dan Trube Name (type or print): Dan Trube							
		Date: 08/17/2016 Title: Administrator							
Processed 08/17/2016		* Electronically provided signatures are accepted as original signatures.							