

No. C 175904		Due no later than Nov 30, 2014 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. SYRINGA FAMILY MEDICINE, P.A. CATHERINE REYNOLDS MD 9350 BIENAPFL DR. BOISE ID 83709		CATHERINE REYNOLDS MD 9350 BIENAPFL DR. BOISE ID 83709			
						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	BRIAN A REYNOLDS	9350 BIENAPFL DR.	BOISE	ID	USA	83709	
PRESIDENT	CATHERINE J REYNOLDS	9350 BIENAPFL DR.	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 175904		6. Annual Report must be signed.* Signature: Brian Reynolds Name (type or print): Brian Reynolds					
		Date: 09/22/2014 Title: Director					
Processed 09/22/2014		* Electronically provided signatures are accepted as original signatures.					