

No. C 178355	Due no later than Apr 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. MARK E. FREEMAN, MD PC MARK E FREEMAN 3760 WASHINGTON PKWY IDAHO FALLS ID 83404		MARK E FREEMAN 3760 WASHINGTON PKWY IDAHO FALLS ID 83404			
			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
SECRETARY	MARK E E FREEMAN	3760 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404
DIRECTOR	MARK E FREEMAN	3760 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404
PRESIDENT	MARK E FREEMAN	3760 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 178355	6. Annual Report must be signed.* Signature: Mark E Freeman, MD Name (type or print): Mark E Freeman, MD		Date: 02/11/2014 Title: President			
Processed 02/11/2014		* Electronically provided signatures are accepted as original signatures.				