

No. C 100582		Due no later than Dec 31, 2017 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. AUSTIN R. CUSHMAN, M.D., P.A. AUSTIN R. CUSHMAN M.D. P.A. 1366 E RIVER RUN DR BOISE ID 83706-6702		AUSTIN R. CUSHMAN M.D. A.R. BOISE ID 83706-6702			
				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	AUSTIN R CUSHMAN	13	BOISE	ID	USA	83706-6702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 100582		Signature: A.R. Cushman				Date: 03/05/2018	
		Name (type or print): A.R. Cushman				Title: President	
Processed 03/05/2018		* Electronically provided signatures are accepted as original signatures.					