No. C 43599				2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CMZ MEDICAL ASSOCIATES, INC. C JEFFREY ZOLLINGER 39 PROFESSIONAL PLAZA REXBURG ID 83440		ROHN HOLLMAN 393 E 2 N REXBURG ID 83440 3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
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 JEFFERY ZOL		DLLINGER	393 E 2 N		REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 43599		Signature: JE	Date: 02/21/2017					
		Name (type or print): JEFFREY ZOLLINGER			Title: PRESIDENT			
Processed 02/21/2017 * Electronically provided signatures are accepted as original signatures.								