

No. <b>C 50194</b>		<b>Due no later than Oct 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MICHAEL O'BRIEN, M.D., P.A. MICHAEL O'BRIEN, M.D. 4221 N. STRATHMORE PL. BOISE ID 83702 USA		MICHAEL O'BRIEN, M.D. 4221 N. STRATHMORE PL. BOISE ID 83702			
				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	CHRISTINE A O'BRIEN	4221 N. STRATHMORE PL.	BOISE	ID	USA	83702	
PRESIDENT	MICHAEL O'BRIEN, M.D.	4221 N. STRATHMORE PL.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID C 50194</b>		6. Annual Report must be signed.* Signature: Christine O'Brien Name (type or print): Christine O'Brien Date: 08/15/2015 Title: Secretary					
Processed 08/15/2015		* Electronically provided signatures are accepted as original signatures.					