No. **C 141767**	**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.** MCCLUSKY CLINIC, P.C. DAVID A MCCLUSKY 775 POLE LINE RD W STE 215 TWIN FALLS ID 83301	DAVID A MCCLUSKY 775 POLE LINE RD W STE 215 TWIN FALLS ID 83301 3. New 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	SUE L MCCLUSKY	123 FILLMORE STREET	TWIN FALLS	ID	USA	83301
PRESIDENT	DAVID A MCCLUSKY II	123 FILLMORE STREET	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 141767**	Signature: DAVID A MCCLUSKY II	Date: 12/14/2017
	Name (type or print): DAVID A MCCLUSKY II	Title: PRESIDENT

Processed 12/14/2017

* Electronically provided signatures are accepted as original signatures.