No. **C 191245**	**Due no later than May 31, 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.** BROWNE FAMILY PRACTICE, P.A. RONALD O BROWNE 2840 HOLLY PLACE IDAHO FALLS ID 83402 USA	ORIE BROWNE 2840 HOLLY PLACE IDAHO FALLS ID 83402 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
PRESIDENT	RONALD O BROWNE	2840 HOLLY PLACE	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 191245**	Signature: R. Orie Browne	Date: 03/22/2014
	Name (type or print): R. Orie Browne	Title: President

Processed 03/22/2014

* Electronically provided signatures are accepted as original signatures.