

No. C 144337		Due no later than Jun 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIALIZED FAMILY MEDICINE, P.A. JORDAN L BAILEY, M.D. 151 N. 4TH AVE. SUITE B POCATELLO ID 83201		JORDAN L BAILEY 2950 RICHARD POCATELLO ID 83201			
				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	JORDAN L BAILEY, M.D.	151 N. 4TH AVE. SUITE B	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 144337		Signature: Jordan Bailey, M.D.				Date: 05/03/2016	
		Name (type or print): Jordan Bailey, M.D.				Title: President	
Processed 05/03/2016		* Electronically provided signatures are accepted as original signatures.					