

No. <b>C 88297</b>		<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</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>  FAMILY MEDICINE CENTER, CHARTERED THERESA YOUNG DALE L. MOCK 10798 WEST OVERLAND RD. BOISE ID 83709-1329 USA		DALE L. MOCK 10798 W. OVERLAND RD. BOISE ID 83709-1329			
						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	DALE L MOCK	10798 W. OVERLAND RD.	BOISE	ID	USA	83709-1329	
5. Organized Under the Laws of:  <b>ID</b> <b>C 88297</b>		6. Annual Report must be signed.*  Signature: Dale L. Mock, M.D. Name (type or print): Dale L. Mock, M.D.					
		Date: 11/07/2016 Title: President					
Processed 11/07/2016      * Electronically provided signatures are accepted as original signatures.							