

No. C 88297		Due no later than Dec 31, 2016 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. 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: ID C 88297		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.				