No. C 176020	ı	Due no later than Nov 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	FREMONT M SANDY CHE 430 NORTH	Annual Report Form 1. Mailing Address: Correct in this box if needed. FREMONT MEDICAL SERVICES, PC SANDY CHEYNE 430 NORTH BRIDGE ST ANTHONY ID 83445		WILLIAM FORSBERG 49 PROFESSIONAL PLAZA REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
1 200 90 10	Business Addresses	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	EN J CHEYNE ' E CHEYNE	430 N. BRIDGE ST 430 N. BRIDGE ST	ST ANTHONY ST ANTHONY	ID ID	USA USA	83445 83445	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID Sigr		ignature: Sandy Cheyne Date: 11/28/2016					
C 176020	Name (type	Name (type or print): Sandy Cheyne		Title: Secretary			
Processed 11/28/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					