No. C 187499		Due no later than Jun 30, 2018 2. Registere				d Agent and Address (NO PO BOX)		
Return to:	A	Annual Report Form		JOSEPH M BOWEN				
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed. JOSEPH M BOWEN, MD, PC JANA D BOWEN 6744 E. GRETA AVE. POST FALLS ID 83854		6744 E. GRETA AVE. POST FALLS ID 83854 3. New Registered Agent Signature:*				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JANA D BOWEN 6744 E. GRETA							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of Pr	esident, Secretary, and Directors. Trea	asurer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
SECRETARY JANA D BOWEN		6744 E. GRETA AVE.	POST FALLS	ID	USA	83854		
•	I M BOWEN, M.D.	6744 E. GRETA AVE.	POST FALLS	ID	USA	83854		
TREASURER JANA I) BOWEN	6744 E. GRETA AVE.	POST FALLS	ID	USA	83854		
5. Organized Under the Laws of: 6. Annual Rep		nust be signed.*						
ID Signature:		seph M Bowen		Date: 04/22/2018				
C 187499	Name (type or p	Name (type or print): Joseph M Bowen			Title: President			
Processed 04/22/2018	* Electronically pro	* Electronically provided signatures are accepted as original signatures.						