No. <b>C 117570</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			RICHARD E HENRY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RICHARD E. HENRY, M.D., P.A.  RICHARD E HENRY, MD  800 FALLS AVE		SUITE 2	800 FALLS AVE SUITE 2 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 2 TWIN FALLS ID 83301		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT SECRETARY	RICHARD E HENRY, MD DEBRA J HENRY		800 FALLS AVE SUITE 2 800 FALLS AVE SUITE 2	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: RICHARD E HENRY, MD Date: 10/31/2017					7	
C 117570		Name (type or p		Title: PRESIDENT				
Processed 10/31/2017	rocessed 10/31/2017 * Electronically provided signatures are accepted as original signatures.							