

No. C 181395	Due no later than Jan 31, 2014 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. AARON J. ALTENBURG, M.D., P.C. AMY PARLSLOW 2240 E CENTER ST POCATELLO ID 83201		AARON J ALTENBURG 2240 E CENTER STREET POCATELLO ID 83201			
			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	AARON J ALTENBURG	2240 E CENTER STREET	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 181395	6. Annual Report must be signed.* Signature: Aaron J Altenburg Name (type or print): Aaron J Altenburg		Date: 02/13/2014 Title: President			
Processed 02/13/2014		* Electronically provided signatures are accepted as original signatures.				