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| No. C 44739 | | Due no later than Dec 31, 2014 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FALLS CLINIC, P.A. CHRISTINE C. CLARK 2001 SOUTH WOODRUFF, STE. 15 IDAHO FALLS ID 83404 USA | | CHRISTINE CLARK 2001 S. WOODRUFF, STE. 15 IDAHO FALLS 83404 | | |
| | | | | 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 |
| DIRECTOR | BRADLEY K. STODDARD | 2001 S. WOODRUFF AVE., #15 | IDAHO FALLS | ID | USA | 83404 |
| DIRECTOR | ALAN G. AVONDET | 2001 S. WOODRUFF AVE., #15 | IDAHO FALLS | ID | USA | 83404 |
| DIRECTOR | MARGARET A. WAGNER | 2001 S. WOODRUFF AVE., #15 | IDAHO FALLS | ID | USA | 83404 |
| DIRECTOR | LELAND K. KRANTZ | 2001 S. WOODRUFF AVE., #15 | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: ID C 44739 | | 6. Annual Report must be signed.* Signature: Christine Clark Name (type or print): Christine Clark Date: 10/15/2014 Title: Administrator | | | | |
| Processed 10/15/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |