No. C 140056		Due no later than Jul 31, 2016			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		LUCIE DIMAGGIO MD 1196 HANKINS RD TWIN FALLS ID 83301					
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. LUCIE DIMAGGIO, M.D.P.C.							
PO BOX 83720 BOISE, ID 83720-0080		LUCIE DIMAGGIO 1196 HANKINS RD NORTH							
		TWIN FALLS ID 83301			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held N	lame		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT LUCIE DIMAGO		GGIO	1196 N. HANKINS RD.		TWIN FALLS	ID	USA	83301-8185	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Lucie DiMaggio			Date: 06/20/2016				
C 140056		Name (type or print): Lucie DiMaggio			Title: president				
Processed 06/20/2016	ocessed 06/20/2016 * Electronically provided signatures are accepted as original signatures.								