

No. C 76231		Due no later than Jun 30, 2016		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. CHARLES E. SMITH, M.D., P.A. CHARLES E. SMITH, M.D., P.A. 1803 N. CLAREMONT DRIVE BOISE ID 83702-3008		CHARLES E. SMITH, M.D. 1803 N. CLAREMONT DR BOISE ID 83702		
				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
TREASURER	BARBARA J SMITH	1803 N. CLAREMONT DRIVE	BOISE	ID	USA	83702-3008
PRESIDENT	CHARLES E SMITH	1803 N. CLAREMONT DRIVE	BOISE	ID	USA	83702-3008
SECRETARY	BARBARA J SMITH	1803 CLAREMONT DRIVE	BOISE	ID	USA	83702-3008
5. Organized Under the Laws of: ID C 76231		6. Annual Report must be signed.* Signature: Charles E Smith Name (type or print): Charles E Smith Date: 04/26/2016 Title: President				
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.				