No. **C 181394**	**Due no later than Jan 31, 2017**	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.** VERMON S. ESPLIN, M.D., P.C. VERMON S ESPLIN 560 MEMORIAL DR STE B POCATELLO ID 83201-4073	VERMON S ESPLIN 560 MEMORIAL DR STE B POCATELLO ID 83201-4073 3. New 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	VERMON S ESPLIN	560 MEMORIAL DR STE B	POCATELLO	ID	USA	83201-4073

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 181394**	Signature: Vermon Esplin	Date: 11/21/2016
	Name (type or print): Vermon Esplin	Title: President
Processed 11/21/2016	* Electronically provided signatures are accepted as original signatures.	