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|--|---------------|--|------------|--|---------|-------------|--|--|--|
| No. C 121026 | | Due no later than Sep 30, 2015 | | 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. BRUCE C. MCCOMAS, M.D., P.A. BRUCE C MCCOMAS, MD 775 POLELINE ROAD WEST SUITE 212 TWIN FALLS ID 83301 | | BRUCE C MCCOMAS, M.D. 652 WOODLAND DRIVE TWIN FALLS ID 83301 | | | | | |
| | | | | 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 | | | |
| SECRETARY | STACI MCCOMAS | 775 POLELINE ROAD WEST SUITE 212 | TWIN FALLS | ID | USA | 83301 | | | |
| PRESIDENT | BRUCE MCCOMAS | 775 POLELINE ROAD WEST SUITE 212 | TWIN FALLS | ID | USA | 83301 | | | |
| 5. Organized Under the Laws of: ID C 121026 | | 6. Annual Report must be signed.* Signature: Staci McComas Name (type or print): Staci McComas Date: 08/30/2015 Title: Secretary | | | | | | | |
| Processed 08/30/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |