

No. C 141767	Due no later than Dec 31, 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. MCCLUSKY CLINIC, P.C. DAVID A MCCLUSKY 775 POLE LINE RD W STE 214 TWIN FALLS ID 83301	DAVID A MCCLUSKY 775 POLE LINE RD W STE 214 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	SUE L MCCLUSKY	123 FILLMORE STREET	TWIN FALLS ID USA 83301
PRESIDENT	DAVID A MCCLUSKY II	123 FILLMORE STREET	TWIN FALLS ID USA 83301
5. Organized Under the Laws of: ID C 141767	6. Annual Report must be signed.* Signature: DAVID A MCCLUSKY II Name (type or print): DAVID A MCCLUSKY II		Date: 12/23/2015 Title: PRESIDENT
Processed 12/23/2015		* Electronically provided signatures are accepted as original signatures.	