

No. <b>C 127297</b>	<b>Due no later than Jan 31, 2015</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WILLIAM F. MAY, M.D., P.A. WILLIAM F MAY 2750 SKYLINE DR TWIN FALLS ID 83301	WILLIAM F MAY MD 2750 SKYLINE DR TWIN FALLS 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	SHAUNA MAY	2750 SKYLINE DRIVE	TWIN FALLS ID USA 83301
PRESIDENT	WILLIAM F MAY	2750 SKYLINE DRIVE	TWIN FALLS ID USA 83301
5. Organized Under the Laws of:  <b>ID C 127297</b>	6. Annual Report must be signed.* Signature: Shauna May Name (type or print): Shauna May		Date: 01/02/2015 Title: Secretary
Processed 01/02/2015		* Electronically provided signatures are accepted as original signatures.	