

No. <b>C 66842</b>		Due no later than May 31, 2018 <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> DARIN L. WEYHRICH, M.D., P.A. DARIN WEYHRICH 222 NORTH SECOND #206 BOISE ID 83702		DARIN L WEYHRICH 222 NORTH SECOND #206 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	
PRESIDENT	DARIN L WEYHRICH	2458 N. BOGUS BASIN ROAD	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 66842</b>		Signature: Darin Weyhrich				Date: 05/06/2018	
		Name (type or print): Darin Weyhrich				Title: Physician/Owner	
Processed 05/06/2018		* Electronically provided signatures are accepted as original signatures.					