

No. <b>C 85397</b>	<b>Due no later than Dec 31, 2017</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> PHYSICIAN SERVICES, P.A. MARILEE J KURACINA PO BOX 1004 NAMPA ID 83653	MARILEE KURACINA 6985 E GREEN DR NAMPA ID 83687  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	MARILEE J KURACINA	6985 E GREENS DR	NAMPA	ID	USA	83687
DIRECTOR	LUKE A SINKINSON	4974 SUDBURY WAY	FONTANA	CA	USA	92336
DIRECTOR	JEREMY C SINKINSON	429 MARIETS DRIVE	SAN FRANCISCO	CA	USA	94127
TREASURER	ELAINE KURACINA	29 PIERREPONT AVE	POTSDAM	NY	USA	13676
5. Organized Under the Laws of:  <b>ID C 85397</b>	6. Annual Report must be signed.* Signature: Marilee J Kuracina Name (type or print): Marilee J Kuracina		Date: 12/07/2017 Title: president			
Processed 12/07/2017	* Electronically provided signatures are accepted as original signatures.					