

| | | | | | | | |
|--|-----------------------|--|-------|---|---------|-------------|--|
| No. C 155530 | | Due no later than Jul 31, 2013 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IMQUANT, INC. TIMOTHY E SAWYER 3120 E RIVERNEST DR BOISE ID 83706 | | TIMOTHY E SAWYER 3120 E RIVERNEST DR BOISE ID 83706 | | | |
| | | | | 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 | TIMOTHY EDWARD SAWYER | 3120 E. RIVERNEST DRIVE | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: ID C 155530 | | 6. Annual Report must be signed.* Signature: Timothy E. Sawyer, MD Name (type or print): Timothy E. Sawyer, MD Date: 06/25/2013 Title: President, Owner | | | | | |
| Processed 06/25/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |