

No. C 140467		Due no later than Aug 31, 2018		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. MARIANNE ZAKARIAN, M.D., P.C. CHRISTINE AROS P.O. BOX 140117 GARDEN CITY ID 83714-0117		MARIANNE ZAKARIAN 2536 N STOKESBERRY PL MERIDIAN ID 83646				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	MARIANNE L ZAKARIAN	P.O. BOX 140117	GARDEN CITY	ID	USA	83714-0117			
5. Organized Under the Laws of: ID C 140467		6. Annual Report must be signed.* Signature: Marianne Zakarian Name (type or print): Marianne Zakarian				Date: 06/19/2018 Title: President			
Processed 06/19/2018		* Electronically provided signatures are accepted as original signatures.							