No. C 135587	Due no later than Sep 30, 20		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	2000 CONTROL OF THE C	LAWRENCE L SMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HEALTH PA LAURENCE 3085 N. CC	LE RD. STE 111	8997 CRAYDON PL BOISE ID 83704 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID	83704-5972	J. <u>New</u> Regist	tered Agent 3	griature.		
4. Corporations: Enter Names and Bu	siness Addresses	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY DEBRA K PRESIDENT LAURENCE	SMITH L. SMITH	8997 CRAYDON PL 8997 CRAYDON PL	BOISE BOISE	ID ID	USA USA	83704-3115 83704-3115	
5. Organized Under the Laws of: 6. Annua		oort must be signed.*					
ID Sign		nature: Debra Smith Date: 08/30/2016					
C 135587	Name (type	Name (type or print): Debra Smith		Title: Secretary			
Processed 08/30/2016	* Electronically provided signatures are accepted as original signatures.						