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| No. C 164617 | Due no later than Jan 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. DIAGNOSIS +, INC. KAREN KVARFORDT PO BOX 486 POCATELLO ID 83204 | | KAREN KVARFORDT 5486 COUNTRY CLUB POCATELLO ID 83204 | | | |
| | | | 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 |
| SECRETARY | DENNIS W KVARFORDT | 5486 COUNTRY CLUB DR. | POCATELLO | ID | USA | 83204 |
| PRESIDENT | KAREN L KVARFORDT | 5486 COUNTRY CLUB DR. | POCATELLO | ID | USA | 83204 |
| 5. Organized Under the Laws of: ID C 164617 | 6. Annual Report must be signed.* Signature: Karen Kvarfordt Name (type or print): Karen Kvarfordt | | Date: 12/06/2017 Title: President | | | |
| Processed 12/06/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |