| No. C 203627 | Due no later than Oct 31, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--|--------------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. CRAIG J. DENNY, M.D. PC CRAIG J DENNY 4612 MAJESTIC VIEW AMMON ID 83406 | CRAIG J DENNY 4612 MAJESTIC VIEW AMMON ID 83406 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Bus | ness Addresses of President, Secretary, and Directors. Treasurer | (optional). | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT CRAIG DE | INY 4612 MAJESTIC VIEW | AMMON | ID | USA | 83406 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* Signature: Julie Denny | | : 08/22/2018 | | |
| C 203627 Processed 08/22/2018 | Name (type or print): Julie Denny * Electronically provided signatures are accepted as original sic | Title: Financial officer | | | |