| No. C 170867 | | Due no later than Jan 31, 2017 | | [2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-----------------|--|----------------------|-----------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | SHANE A MAXWELL | | | | |
| 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. SHANE A. MAXWELL, D.O., CHARTERED SHANE A MAXWELL 3230 TERRA DR BOISE ID 83709 USA | | d. | 3230 TERRA DR BOISE ID 83709 | | | |
| | | | | | 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 | SHANE A MAXWELL | | 3230 TERRA DR | | BOISE | ID | USA | 83709 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 170867 | | Signature: shane maxwell | | | Date: 12/03/2016 | | | |
| | | Name (type or print): shane maxwell | | | Title: president | | | |
| Processed 12/03/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |