| No. C 179546 | | Due no later than Jul 31, 2015 | 2 | 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 needs COLE DIAGNOSTICS, INC. RYAN COLE 7988 W MARIGOLD ST STE 150 BOISE ID 83714 | | RYAN COLE 7988 W MARIGOLD ST STE 150 BOISE ID 83714 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | USA ess Addresses of President, Secretary, and Directors. Tr | easurer (c | ntional) | | | | |
| Office Held | Name | Street or PO Address | casarer (c | City | State | Country | Postal Code | |
| SECRETARY KELLI L COLE PRESIDENT RYAN N COLE | | | | BOISE BOISE | ID ID | USA USA | 83174-9454 83714-9454 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 179546 | | Signature: Ryan Lennberg | | | Date: 05/19/2015 | | | |
| | | Name (type or print): Ryan Lennberg | | Title: Manager | | | | |
| Processed 05/19/20: | 15 | * Electronically provided signatures are accepted as orig | ginal signa | tures. | | | | |