| No. C 208623 | | Due no later than Feb 28, 2017 | | 2. Registered Ag | 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. TERRY J BUCCAMBUSO MD PA TERRY BUCCAMBUSO 2559 SUNRIDGE CIRCLE TWIN FALLS ID 83301 | | 2559 SUNRID TWIN FALLS | TERRY BUCCAMBUSO 2559 SUNRIDGE CIRCLE TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | acc Addraccae of Pr | ocident Secretary and Directors Trease | uror (antional) | | | | |
| | lame | ess Addresses of Fr | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT TERRY J BUCCAMBUSO SECRETARY MARSHA H BUCCAMBUSO | | 2559 SUNRIDGE CIRCLE 2559 SUNRIDGE CIRCLE | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301 83301 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: TERF | | Date: 12/26/2016 | | | | |
| C 208623 | | Name (type or p | | Title: PRESIDENT | | | | |
| Processed 12/26/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |