

No. C 188679	Due no later than Oct 31, 2017 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. BENNETT MEDICAL SERVICES 2600 MILL STREET STE 600 RENO NV 89502 USA		ROGER KOELZER 6560 W EMERALD ST STE 124 BOISE ID 83704			
			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	JOSH PARNES	1000 AIRPORT RD SUITE 101	LAKEWOOD	NJ	USA	08701
5. Organized Under the Laws of: NV C 188679		6. Annual Report must be signed.* Signature: JOSH PARNES Name (type or print): JOSH PARNES		Date: 11/29/2017 Title: PRESIDENT		
Processed 11/29/2017		* Electronically provided signatures are accepted as original signatures.				