| No. C 200078 | | Due no later than Oct 31, 2016 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|---------------------------------------|----------------------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | TRAVIS M KUNZ CPA CFE CGMA | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BEAR CREEK ORTHOPEDICS, PC TRAVIS M KUNZ 19 S STATE ST PRESTON ID 83263 | | _ | 19 S STATE ST PRESTON ID 83263 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Nan | nes and Busin | ness Addresses of Pres | ident, Secretary, and Directors. Trea | asurer (d | optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT KERRY G JEI | | EPSEN | 6003 E. BEAR CREEK RD. | | PRESTON | ID | USA | 83263 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: TRAVIS KUNZ | | | Date: 08/30/2016 | | | |
| C 200078 | | Name (type or print): TRAVIS KUNZ | | | Title: CPA | | | |
| Processed 08/30/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |