No. C 197389		Due no later than Feb 29, 2016		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LINDSAY HUBSMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ELITE MEDICINE, P.C. LINDSAY HUBSMITH 1016 WILDWOOD WAY TWIN FALLS ID 83301			1016 WILDWOOD WAY TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names	and Busin	ess Addresses of F	President, Secretary, and Directors. Trea	asurer (o	ptional).			
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
PRESIDENT LII	NDSAY A	HUBSMITH	1016 WILDWOOD WAY		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lindsay Hubsmith			Date: 12/23/2015			
C 197389		Name (type or print): Lindsay Hubsmith			Title: President/owner			
Processed 12/23/2015 * Electronically provided signatures are accepted as original signatures.								