| | Annual Report Form Due No Later Than November 30, | ' ' ' | Agent and Office NOT A P.O. BOX | |
|---|--|----------------------------------|---------------------------------|--|
| Return to: SECRETARY OF STATE | 1. Mailing Address - Please Correct, If Not Correc | | OTT A WALKER E OAKRIDGE DR | |
| 700 WEST JEFFERSON PO BOX 83720 | MALIBU MEDICAL, P.A. | | T CANAIDGE DR | |
| BOISE, ID 83720-0080 | 1177 5 01407055 00 | BOISE | ID 83705 | |
| NO FEE REQUIRED | 1433 E OAKRIDGE DR | 3. Organized | 3. Organized Under the Laws of: | |
| * FINAL NOTICE ** | BOISE ID 837 | | C118244 | |
| Corporations: Enter Names and I Limited Liability Companies: Enter | Business Addresses of President, Secretary and er Names and Addresses of Managers or | Directors I Members (check one) | + | |
| Office held Name | Street or P.O. Address | City | State Zip | |
| President ScottA | Street or P.O. Address 1433 E Oakridg 4 K. Walker 1433 E Oakrid | edr. Boise | Id. 83714 Id. 83714 | |
| Sprtretory Mar | y K. Walker 1433 & Oakrid | gedr. Boise | Tol 8271/2 | |
| manaaer | | | 1 | |
| månager | | | ' , | |
| månager | 6. Signature May K. U. Name (Typed or May K. 1 | | ne 11:15:97 ne manager/sec | |
| manager ISSUED: 10-04-1 | Signature May K. () Name (Typot or May K. () | | | |
| <u> </u> | Signature May K. () Name (Typot or May K. () | ualker Tie | · manager/sec | |