No. C 85397		Due no later than Dec 31, 2013		2. Registered Ager	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARILEE KURACINA 6985 E GREEN DR NAMPA ID 83687			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PHYSICIAN SERVICES, P.A. MARILEE J KURACINA PO BOX 1004						
				1011171125 001				
		NAMPA ID 83653		3. New Registered	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	ld Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARILEE J KURACINA		6985 E GREENS DR	NAMPA	ID	USA	83653	
DIRECTOR			25003 SPRING CREEK DR	SPRING	TX	USA	77380	
DIRECTOR JEREMY C SINKINSON TREASURER ELAINE KURACINA			855 HAIGHT ST 29 PIERREPONT AVE	SAN FRANCISCO POTSDAM	CA NY	USA USA	94117 13676	
TREASURER	ELAINE KOIV	ACIIVA	23 FILINEFORT AVE	POTSDAM	INI	037	15070	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID C 85397		Signature: Marilee Kuracina			Date: 11/02/2013			
		Name (type or print): Marilee Kuracina			Title: President			
Processed 11/02/2013 * Electronically provided signatures are accepted as original signatures.								