

|  |                 |  |        |  |         |             |  |
|--|-----------------|--|--------|--|---------|-------------|--|
| No. <b>C 114008</b>  |                 | <b>Due no later than Mar 31, 2018</b>  |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MOUNTAIN VALLEY ORTHOPEDICS, P.A.<br>13980 COMFORT RD<br>MCCALL ID 83638        |        | JULIE S MCMANUS<br>13980 COMFORT RD<br>MCCALL ID 83638 |         |             |  |
|  |                 |  |        | 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  | JULIE S MCMANUS | 13980 COMFORT RD   | MCCALL | ID   | USA     | 83638-5153  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 114008</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Julie S McManus<br>Name (type or print): Julie S McManus<br>Date: 01/31/2018<br>Title: President |        |  |         |             |  |
| Processed 01/31/2018   |                 | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |