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| No. C 147003 | Due no later than Jan 31, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. EAGLE PEDIATRICS, P.A. CONNIE C MILLER 125 N STIERMAN WAY STE A EAGLE ID 83616 USA | | ALAN P MILLER 125 N STIERMAN WAY STE A EAGLE 83616 | | | |
| | | | 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 | ALAN P MILLER M.D. | 125 N STIERMAN WAY SUITE A | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID C 147003 | 6. Annual Report must be signed.* Signature: Alan Miller Name (type or print): Alan Miller | | Date: 11/17/2014 Title: President | | | |
| Processed 11/17/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |