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|--|----------------|---|-------|--|------------------|-------------|--|
| No. C 46650 | | Due no later than Jan 31, 2014 | | 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 | | Annual Report Form | | ERIC F. HOLT 999 NORTH CURTIS, #502 BOISE ID 83706 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | ERIC F. HOLT, M.D., P.A. ERIC F. HOLT, M.D. 999 N CURTIS #502 BOISE ID 83706 | | | | | |
| 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 | |
| SECRETARY | MARLENE G HOLT | 217 E BRAEMERE RD. | BOISE | ID | USA | 83702 | |
| PRESIDENT | ERIC F HOLT | 999 N. CURTIS #502 | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 46650 | | Signature: Eric F Holt | | | Date: 12/23/2013 | | |
| | | Name (type or print): Eric F Holt | | | Title: President | | |
| Processed 12/23/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |