No. C 173871		Due no later than Jul 31, 2018		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 1. Mailing Address: Correct in this box if needed. OXON MEDICAL LIFE SYSTEMS, INC. FRANK FOSELLA, JR. 1755 WOODBRIDGE LANE, MAIL#7 BOISE ID 83706-3172		FRANK FOSELLA JR 1755 WOODBRIDGE LN MAIL #7 BOISE ID 83706-3172			
				3. <u>New</u> Registered Agent Signature:*			
Corporations: Enter N	lames and Busir	ness Addresses of F	resident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	(FRANK FOS	SELLA, JR.	1755 WOODBRIDGE LANE, MAIL #7	BOISE	ID	USA	83706-3172
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 173871		Signature: Fra	Date: 05/21/2018				
		Name (type or	Title: President				
Processed 05/21/2018		* Fl	ovided signatures are accepted as original sig	and the second			