| No. C 165755 | | Due r | no later than Mar 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 1. Mailing Address: Correct in this box if needed. PETER OBLIGATO, M.D., INC. PETER OBLIGATO MD INC 2281 E UPPER HAYDEN LAKE ROAD HAYDEN ID 83835-7196 USA | | PETER OBLIGATO MD 2281 E UPPER HAYDEN LAKE ROAD HAYDEN ID 83835-7196 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | 4. Corporations: Enter Name | s and Busin | ess Addresses of Pre | esident, Secretary, and Directors. Treasurer |
| Office Held N | lame | | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT PETER OBLIGATO M | | GATO MD | 2281 E UPPER HAYDEN LAKE ROAD | HAYDEN | ID | USA | 83835-7196 |
| SECRETARY JANICE OBL | | IGATO | 2281 E UPPER HAYDEN LAKE ROAD | HAYDEN | ID | USA | 83835-7196 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| CA C 165755 | | Signature: Peter | Date: 01/28/2014 | | | | |
| | | Name (type or p | Title: President | | | | |
| Processed 01/28/2014 | | * Floctronically prov | ided signatures are accepted as original sig | naturos | | | |