

No. C 173871		Due no later than Jul 31, 2016 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. 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:*	
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	(FRANK FOSELLA, JR.	1755 WOODBRIDGE LANE, MAIL #7	BOISE	ID	USA	83706-3172	
5. Organized Under the Laws of: ID C 173871		6. Annual Report must be signed.* Signature: Frank Fosella, Jr. Name (type or print): Frank Fosella, Jr.					
		Date: 05/24/2016 Title: President					
Processed 05/24/2016 * Electronically provided signatures are accepted as original signatures.							