No. C 205976	Due no later than May 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. C-PRO MEDICAL ALERT INC. 3597 MONARCH SKY LN STE F240 MERIDIAN ID 83646	JOHN MICHELSEN 6918 NOAH CT APT 102 CALDWELL ID 83607 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
200 192 10	ness Addresses of President, Secretary, and Directors. Treasurer		Chata	C	De stal Carla
Office Held Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR CHARLES	OHN MICHELSEN IV 14098 MONTERREY ST	CALDWELL	ID	USA	83607
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: john michelsen	Date: 05/16/2016			
C 205976	Name (type or print): john michelsen	Title: manager			
Processed 05/16/2016	* Electronically provided signatures are accepted as original sig	natures.			