

No. C 197389		Due no later than Feb 28, 2014 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		1. Mailing Address: Correct in this box if needed. ELITE MEDICINE, P.C. LINDSAY HUBSMITH 1016 WILDWOOD WAY TWIN FALLS ID 83301		LINDSAY HUBSMITH 1016 WILDWOOD WAY TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LINDSAY A HUBSMITH	1016 WILDWOOD WAY		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 197389		6. Annual Report must be signed.* Signature: Lindsay Hubsmith Name (type or print): Lindsay Hubsmith Date: 01/08/2014 Title: Owner					
Processed 01/08/2014 * Electronically provided signatures are accepted as original signatures.							