

No. C 196071		Due no later than Sep 30, 2017		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. REIMBURSEMENT MANAGEMENT CONSULTANTS, INC. KATIE NELSON 12042 SE SUNNYSIDE RD #452 CLACKAMAS OR 97015		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705					
				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	DANA BROWN	13255 SE CALDERA CT	HAPPY VALLEY	OR	USA	97086			
5. Organized Under the Laws of: OR C 196071		6. Annual Report must be signed.* Signature: Katie Nelson Name (type or print): Katie Nelson Date: 09/29/2017 Title: Business Manager							
Processed 09/29/2017		* Electronically provided signatures are accepted as original signatures.							