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| No. C 182491 | Due no later than Mar 31, 2015 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. PEND OREILLE MIDWIFERY SERVICES, INC DENISE MIDSTOKKE CPM 723 PINE ST SANDPOINT ID 83864 USA | | DENISE MIDSTOKKE CPM 723 PINE ST SANDPOINT 83864 | | | |
| | | | 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 | DENISE MIDSTOKKE | 753 SYRINGA HEIGHTS RD | SANDPOINT | ID | USA | 83864 |
| SECRETARY | PAUL WEIL | 753 SYRINGA HEIGHTS RD. | SANDPOINT | ID | USA | 83864 |
| 5. Organized Under the Laws of: ID C 182491 | 6. Annual Report must be signed.* Signature: Samantha Jeffres Name (type or print): Samantha Jeffres | | Date: 03/03/2015 Title: Office Manager | | | |
| Processed 03/03/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |