

No. C 85397	Due no later than Dec 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PHYSICIAN SERVICES, P.A. MARILEE J KURACINA PO BOX 1004 NAMPA ID 83653 USA	MARILEE KURACINA 6985 E GREEN DR NAMPA 83687 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	MARILEE J KURACINA	6985 E GREENS DR	NAMPA	ID	USA	83653
DIRECTOR	LUKE A SINKINSON	2716 BAY CEDAR COVE	LEXINGTON	KY	USA	40511
DIRECTOR	JEREMY C SINKINSON	855 HAIGHT ST	SAN FRANCISCO	CA	USA	94117
TREASURER	ELAINE KURACINA	29 PIERREPONT AVE	POTSDAM	NY	USA	13676
5. Organized Under the Laws of: ID C 85397	6. Annual Report must be signed.* Signature: marilee j kuracina Name (type or print): marilee j kuracina		Date: 10/24/2014 Title: president			
Processed 10/24/2014	* Electronically provided signatures are accepted as original signatures.					