

No. C 173021	Due no later than May 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. KAYNE KISHIYAMA, MD, P.A. KAYNE KISHIYAMA 1498 S MIDWAY AVE STE 2 AMMON ID 83406 USA		KAYNE KISHIYAMA 1498 S MIDWAY AVE STE 2 AMMON 83406			
			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	KAYNE KISHIYAMA	2820 ST. CHARLES AVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 173021	6. Annual Report must be signed.* Signature: Kayne Kishiyama Name (type or print): Kayne Kishiyama		Date: 03/21/2015 Title: President			
Processed 03/21/2015		* Electronically provided signatures are accepted as original signatures.				