No. C 208635 Return to:		Due no later than Jan 31, 2018 Annual Report Form			Registered Agent and Address (NO PO BOX) NATHAN WARD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GRANITE MEDICAL P.C. NATHAN WARD 2087 W VERONA DR MERIDIAN ID 83646		MERIDIAI	2087 W VERONA DR MERIDIAN ID 83646-8364 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	es and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	NATHAN JOH	HN WARD	2087 W VERONA DR	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nathan Ward			Date: 02/22/2018			
C 208635		Name (type o		Title: Owner				
Processed 02/22/2018 * Electronically provided signatures are accepted as original signatures.								