

No. C 52040	Due no later than Sep 30, 2018 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. MOSCOW MEDICAL, P.A. TRACY L PAZ 213 N MAIN STREET MOSCOW ID 83843		TRACY L PAZ 213 N MAIN ST MOSCOW ID 83843			
			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	RAYMOND PAZ	213 N MAIN STREET	MOSCOW	ID	USA	83843
VICE PRESIDENT	JOHN H GRAUKE	213 N MAIN STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID C 52040	6. Annual Report must be signed.* Signature: Tracy L Paz Name (type or print): Tracy L Paz		Date: 07/30/2018 Title: Practice Administrator			
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.				