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|---|--------------------------|--|---------------|---|---------|-------------|--|
| No. C 203386 | | Due no later than Sep 30, 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 | | 1. Mailing Address: Correct in this box if needed. GUARDIAN HEALTH PC MICHAEL ALAN CADWALLADER 844 N. 3RD STREET COEUR D ALENE ID 83814 | | MICHAEL ALAN CADWALLADER 844 N. 3RD STREET COEUR D ALENE ID 83814 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | MICHAEL ALAN CADWALLADER | 844 N. 3RD STREET | COEUR D'ALENE | ID | USA | 83814 | |
| 5. Organized Under the Laws of: ID C 203386 | | 6. Annual Report must be signed.* Signature: Michael Alan Cadwallader Name (type or print): Michael Alan Cadwallader | | | | | |
| | | Date: 09/30/2015 Title: President | | | | | |
| Processed 09/30/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |