

|                                                                                                                                                        |                      |                                                                                                                                                      |            |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 187499</b>                                                                                                                                    |                      | <b>Due no later than Jun 30, 2016</b>                                                                                                                |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>JOSEPH M BOWEN, MD, PC<br>JANA D BOWEN<br>6744 E. GRETA AVE.<br>POST FALLS ID 83854 |            | JOSEPH M BOWEN<br>6744 E. GRETA AVE.<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                      |            | 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 |  |
| SECRETARY                                                                                                                                              | JANA D BOWEN         | 6744 E. GRETA AVE.                                                                                                                                   | POST FALLS | ID                                                          | USA     | 83854       |  |
| PRESIDENT                                                                                                                                              | JOSEPH M BOWEN, M.D. | 6744 E. GRETA AVE.                                                                                                                                   | POST FALLS | ID                                                          | USA     | 83854       |  |
| TREASURER                                                                                                                                              | JANA D BOWEN         | 6744 E. GRETA AVE.                                                                                                                                   | POST FALLS | ID                                                          | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 187499</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Jana Bowen<br>Name (type or print): Jana Bowen                                                       |            |                                                             |         |             |  |
| Date: 07/18/2016<br>Title: Secretary                                                                                                                   |                      |                                                                                                                                                      |            |                                                             |         |             |  |
| Processed 07/18/2016                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                            |            |                                                             |         |             |  |