| No. C 82120 | Due no later than Sep 30, 2013 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|----------------|---------|-------------|
| Return to: | Annual Report Form | CHARLES C NOVAK | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 413 N ALLUMBAUGH STE 101 BOISE ID 83704 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | CHARLES C. NOVAK, M.D., CHARTERED CHARLES C NOVAK 413 N ALLUMBAUGH STE 101 | BOISE ID 83 | BOISE ID 63704 | | |
| | BOISE ID 83704 | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| 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 CHARLES C | NOVAK 413 N ALLUMBAUGH STREET SUITE 1 | 01BOISE | ID | USA | 83704 |
| | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: Jennifer Burch | Date: 07/16/2013 | | | |
| C 82120 | Name (type or print): Jennifer Burch | Title: I | Business Ma | anager | |
| Processed 07/16/2013 | * Electronically provided signatures are accepted as original signatures. | | | | |