No. <b>C 101565</b>		The second control of		2.	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			JOHN R KATOVICH JR., M.D. 229 S 8TH ST BENEWAH COMMUNITY HOSPITAL ST. MARIES 83861-0385				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		30					
		JOHN R. KATOVICH, JR., M.D., P.A. JOHN R KATOVICH JR., M.D. PO BOX 385							
		ST. MARIES ID 83861-0385		3. <u>1</u>	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name		Street or PO Address	С	ity	State	Country	Postal Code	
SECRETARY	BEVERLY A	KATOVICH	P.O. BOX 385	S	T. MARIES	ID	USA	83861-0385	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 101565		Signature: Beverly A Katovich			Date: 03/14/2015				
		Name (type or print): Beverly A Katovich			Title: Secretary				
Processed 03/14/2015	rocessed 03/14/2015 * Electronically provided signatures are accepted as original signatures.								