No. C 161193		Due no later than Jun 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. PEDIATRIC AND ADOLESCENT CENTER, INC. (THE) WILLIAM S BOURQUARD 6148 N DISCOVERY WAY SUITE 100 BOISE ID 83713		Registered Agent and Address (NO PO BOX) DR WILLIAM BOURQUARD 6148 N DISCOVERY WAY SUITE 100 BOISE ID 83713 3. New Registered Agent Signature:*											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE															
								4. Corporations: Enter Na	ames and Busi	ness Addresses of Pres	ident, Secretary, and Directors. Treasurer	(optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	WILLIAM S	BOURQUARD, MD	6148 N DISCOVERY WAY SUITE 100	BOISE	ID	USA	83713								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID C 161193		Signature: Sara A Wudarcki		Date: 04/24/2018											
		Name (type or print): Sara A Wudarcki		Title: Office Manager											
		4. 100	led signatures are accepted as original sign												