No. C 199363 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. SANS SOUCI MEDICAL, P.A. 3456 E 17TH #140 AMMON ID 83406			Registered Agent and Address (NO PO BOX) GARY W SOUCIE 85 W 130 N BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
4. Corporations: Ente		ess Addresses of Preside	ent, Secretary, and Directors. Tre Street or PO Address	easurer (d	optional). City	State	Country	Postal Code
PRESIDENT	GARY W. S	OUCIE	85 W 130 N		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID C 199363		6. Annual Report must be signed.* Signature: ADAM MORRIS Name (type or print): ADAM MORRIS		Date: 06/26/2017 Title: AGENT				
Processed 06/26/201	7	* Electronically provided	l signatures are accepted as origi	inal signa	itures.			