

No. <b>C 85397</b>	<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  PHYSICIAN SERVICES, P.A. MARILEE J KURACINA PO BOX 1004 NAMPA ID 83653	MARILEE KURACINA 6985 E GREEN DR NAMPA ID 83687	
		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
PRESIDENT	MARILEE J KURACINA	6985 E GREENS DR	NAMPA ID USA 83687
DIRECTOR	LUKE A SINKINSON	7250 COMISO WAY	RANCHO CA USA 91701
DIRECTOR	JEREMY C SINKINSON	429 MARIETS DRIVE	SAN FRANCISCO CA USA 94127
TREASURER	ELAINE KURACINA	29 PIERREPONT AVE	POTSDAM NY USA 13676
5. Organized Under the Laws of:  <b>ID C 85397</b>	6. Annual Report must be signed.* Signature: marilee j kuracina Name (type or print): marilee j kuracina Date: 11/09/2016 Title: president		
Processed 11/09/2016		* Electronically provided signatures are accepted as original signatures.	