

| | | | | | | | |
|---|----------------|--|-------|---|---------|-------------|--|
| No. C 152177 | | Due no later than Dec 31, 2014 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SANDOVAL ADVANCED VEIN CARE, CHARTERED JESSE SANDOVAL PO BOX 7130 BOISE ID 83707 | | JESSE SANDOVAL DO 1199 SHORELINE DR STE 310 BOISE 83702 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | JESSE SANDOVAL | 1199 SHORELINE LN | BOISE | ID | USA | 83702 | |
| DIRECTOR | JESSE SANDOVAL | 1199 SHORELINE LN | BOISE | ID | USA | 83702 | |
| 5. Organized Under the Laws of: ID C 152177 | | 6. Annual Report must be signed.* Signature: Jesse Sandoval Name (type or print): Jesse Sandoval | | | | | |
| | | Date: 01/12/2015 Title: DO | | | | | |
| Processed 01/12/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |