

No. <b>C 199290</b>		<b>Due no later than Aug 31, 2018</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>Annual Report Form</b>		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705-9269			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		TETON HEALTHCARE, INC. 27101 PUERTA REAL STE 450 MISSION VIEJO CA 92691					
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	
DIRECTOR	DANIEL WALKER	27101 PUERTA REAL STE 450	MISSION VIEJO	CA	USA	92691	
SECRETARY	ELLIOT MCMILLAN	27101 PUERTA REAL STE 450	MISSION VIEJO	CA	USA	92691	
PRESIDENT	BRENT GUERISOLI	27101 PUERTA REAL STE 450	MISSION VIEJO	CA	USA	92691	
TREASURER	LEE JOHNSON	27101 PUERTA REAL STE 450	MISSION VIEJO	CA	USA	92691	
5. Organized Under the Laws of:  <b>IN C 199290</b>		6. Annual Report must be signed.* Signature: ELLIOT MCMILLAN Name (type or print): ELLIOT MCMILLAN		Date: 08/16/2018 Title: SECRETARY			
Processed 08/16/2018		* Electronically provided signatures are accepted as original signatures.					