

No. <b>C 156608</b>		<b>Due no later than Sep 30, 2018</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> PATIENT SUPPORT SERVICES EAST, INC. KATHRYN R MITCHELL 1124 LAMBERT COEUR D ALENE ID 83814 USA		KATHRYN R MITCHELL 1124 LAMBERT COEUR D'ALENE ID 83814				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	KATHRYN R MITCHELL	1124 LAMBERT LANE	COEUR D ALENE	ID	USA	83814			
5. Organized Under the Laws of:  <b>ID C 156608</b>		6. Annual Report must be signed.* Signature: KATHRYN R MITCHELL Name (type or print): KATHRYN R MITCHELL Date: 08/10/2018 Title: President							
Processed 08/10/2018		* Electronically provided signatures are accepted as original signatures.							