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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------------------|
| No. <b>C 82120</b>                                                                                                                                     |                 | <b>Due no later than Sep 30, 2014</b>                                                                                                                                                            |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>CHARLES C. NOVAK, M.D., CHARTERED<br>CHARLES C NOVAK<br>413 N ALLUMBAUGH STE 101<br>BOISE ID 83704 |       | CHARLES C NOVAK<br>413 N ALLUMBAUGH STE 101<br>BOISE ID 83704 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                  |       | 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                                                                                                                                              | CHARLES C NOVAK | 413 N ALLUMBAUGH STREET SUITE 101                                                                                                                                                                | BOISE | ID                                                            | USA 83704           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 82120</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Jennifer Burch<br>Name (type or print): Jennifer Burch<br>Date: 07/21/2014<br>Title: Business Manager                                            |       |                                                               |                     |
| Processed 07/21/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |       |                                                               |                     |