

|                                                                                                                                                        |                   |                                                                                       |         |                                                        |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|---------|--------------------------------------------------------|------------------|-------------|--|
| No. <b>C 199284</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2017</b>                                                 |         | <b>2. Registered Agent and Address (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>                                                             |         | AUSTIN C GILLETTE<br>5515 N 4000 W<br>REXBURG ID 83440 |                  |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                             |         |                                                        |                  |             |  |
|                                                                                                                                                        |                   | AUSTIN C. GILLETTE MD, P.C.<br>RACHEL A GILLETTE<br>5515 N 4000 W<br>REXBURG ID 83440 |         | 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 |  |
| SECRETARY                                                                                                                                              | RACHEL A GILLETTE | 5515 N 4000 W                                                                         | REXBURG | ID                                                     | USA              | 83440       |  |
| PRESIDENT                                                                                                                                              | AUSTIN C GILLETTE | 5515 N 4000 W                                                                         | REXBURG | ID                                                     | USA              | 83440       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                     |         |                                                        |                  |             |  |
| <b>ID<br/>C 199284</b>                                                                                                                                 |                   | Signature: Rachel Gillette                                                            |         |                                                        | Date: 10/03/2017 |             |  |
|                                                                                                                                                        |                   | Name (type or print): Rachel Gillette                                                 |         |                                                        | Title: Secretary |             |  |
| Processed 10/03/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.             |         |                                                        |                  |             |  |