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| No. C 195013 | | Due no later than Jun 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. JC ANESTHESIA, P.A. JOSHUA COLEMAN 2232 E TRAIL BLAZER DR MERIDIAN ID 83646-5484 | | JOSHUA COLEMAN 2232 E TRAIL BLAZER DR MERIDIAN ID 83646 | | | |
| | | | | 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 | DENA COLEMAN | 2232 E TRAIL BLAZER DR | MERIDIAN | ID | USA | 83646 | |
| PRESIDENT | JOSHUA COLEMAN | 2232 E TRAIL BLAZER DR | MERIDIAN | ID | USA | 83646 | |
| 5. Organized Under the Laws of: ID C 195013 | | 6. Annual Report must be signed.* Signature: Joshua L. Coleman Name (type or print): Joshua L. Coleman Date: 04/14/2014 Title: President | | | | | |
| Processed 04/14/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |