

No. C 103192		Due no later than Aug 31, 2015		Annual Report Form				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. DR. JAMES S. LUCKOCK, P.A. DR JAMES S LUCKOCK P O BOX 1765 TWIN FALLS ID 83303-1765		DR JAMES S LUCKOCK 105 FILER AVE TWIN FALLS ID 83301					
				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	DR JAMES S LUCKOCK	PO BOX 1765	TWIN FALLS	ID	USA	83303-1765			
5. Organized Under the Laws of: ID C 103192		6. Annual Report must be signed.* Signature: James S. Luckock Name (type or print): James S. Luckock Date: 07/22/2015 Title: President							
Processed 07/22/2015		* Electronically provided signatures are accepted as original signatures.							