

No. <b>C 195013</b>	<b>Due no later than Jun 30, 2017</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>  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:  <b>ID C 195013</b>	6. Annual Report must be signed.* Signature: Joshua L. Coleman Name (type or print): Joshua L. Coleman		Date: 05/09/2017 Title: President			
Processed 05/09/2017		* Electronically provided signatures are accepted as original signatures.				