

No. C 175143	Due no later than Sep 30, 2016 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. HUBSMITH ANESTHESIA, P.C. LANCE G HUBSMITH 4086 SAGE SPRINGS CIRCLE KIMBERLY ID 83341		LANCE G HUBSMITH DO 4086 SAGE SPRINGS CIRCLE KIMBERLY ID 83341			
			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	LANCE G HUBSMITH	4086 SAGE SPRINGS CIRCLE	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of: ID C 175143	6. Annual Report must be signed.* Signature: Lance Hubsmith Name (type or print): Lance Hubsmith		Date: 07/24/2016 Title: President			
Processed 07/24/2016		* Electronically provided signatures are accepted as original signatures.				