| No. C 146474 | | Due | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|--|---|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | CONTROL DESCRIPTION OF THE PROPERTY OF THE PRO | STEPHEN M SCHUTZ 6259 W EMERALD STREET BOISE ID 83704-8731 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | STEPHEN M. SCHUTZ, M.D., P.A. STEPHEN M SCHUTZ 6259 W EMERALD STREET | | 10 P. C. | | | | |
| | | | | 3. New Regist | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | J. 14.14. | | | | |
| 4. Corporations: Enter Nan | nes and Busin | ess Addresses of P | resident, Secretary, and Directors. Treasur | er (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY ELISA SCHU | | TZ | 6259 W EMERALD STREET | BOISE | ID | USA | 83704-8731 | |
| PRESIDENT STEPHEN M DIRECTOR STEPHEN M | | SCHUTZ | 6259 W EMERALD STREET | BOISE | ID | USA | 83704-8731 | |
| DIRECTOR | 6259 W EMERALD STREET | BOISE | ID | USA | 83704-8731 | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 146474 | | Signature: Steven Farro | | | Date: 10/31/2017 | | | |
| | | Name (type or | | Title: Administrator | | | | |
| Processed 10/31/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |