

|                                                                                                                                                        |                  |                                                                                                                                                                       |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 156282</b>                                                                                                                                    |                  | <b>Due no later than Sep 30, 2016</b>                                                                                                                                 |       | <b>2. Registered Agent and Address (NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>2MD, INC.<br>CLEO R MILLER<br>1910 S MIDDLETON RD<br>NAMPA ID 83686 |       | CLEO R MILLER<br>1910 S MIDDLETON RD<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                       |       | 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                                                                                                                                              | BARBARA A MILLER | 1509 W. GREENHURST R                                                                                                                                                  | NAMPA | ID                                                     | USA     | 83686       |  |
| PRESIDENT                                                                                                                                              | CLEO R MILLER    | 1509 W. GREENHURST RD                                                                                                                                                 | NAMPA | ID                                                     | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 156282</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Cleo Milller<br>Name (type or print): Cleo Miller<br>Date: 07/25/2016<br>Title: Pres                                  |       |                                                        |         |             |  |
| Processed 07/25/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                             |       |                                                        |         |             |  |