

No. C 175051	Due no later than Sep 30, 2017 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.		CHRISTOPHER J GOULET MD 6259 W EMERALD STREET BOISE ID 83704-8731			
	CHRISTOPHER J. GOULET, M.D., P.A. STEVEN FARRO 6259 W EMERALD STREET BOISE ID 83704-8731		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	CHRISTOPHER J GOULET	6259 W EMERALD STREET	BOISE	ID	USA	83704-8731
PRESIDENT	CHRISTOPHER J GOULET	6259 W EMERALD STREET	BOISE	ID	USA	83704-8731
DIRECTOR	CHRISTOPHER J GOULET	6259 W EMERALD STREET	BOISE	ID	USA	83704-8731
5. Organized Under the Laws of: ID C 175051	6. Annual Report must be signed.*					
		Signature: Steven Farro	Date: 07/24/2017			
		Name (type or print): Steven Farro	Title: Administrator			
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.				