

No. <b>C 55228</b>	<b>Due no later than Mar 31, 2016</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> JOHN S. KUNDRAT, M.D., P.A. JOHN S KUNDRAT 1421 24TH AVE. LEWISTON ID 83501		JOHN S. KUNDRAT, M.D. 1421 24TH AVE. LEWISTON ID 83501			
			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
DIRECTOR	ELLEN T KUNDRAT	1421 24TH AVE.	LEWISTON	ID	USA	83501
DIRECTOR	JOHN S KUNDRAT	1421 24TH AVE.	LEWISTON	ID	USA	83501
SECRETARY	ELLEN T KUNDRAT	1421 24TH AVE.	LEWISTON	ID	USA	83501
PRESIDENT	JOHN S KUNDRAT	1421 24TH AVE.	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID</b> <b>C 55228</b>	6. Annual Report must be signed.* Signature: JOHN S. KUNDRAT Name (type or print): JOHN S. KUNDRAT		Date: 01/17/2016 Title: PRESIDENT			
Processed 01/17/2016		* Electronically provided signatures are accepted as original signatures.				