| No. <b>C 191664</b>   | Due no later than Jul 31, 2015   | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|---|--|--|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                               | Annual Report Form  1. Mailing Address: Correct in this box if needed.  JASON LIU, M.D., INC. DAVID WILLIAMS  1620 NW BLVD STE 202  COEUR D ALENE ID 83814 USA | VIRGINIA KIRK 1620 NW BLVD STE 301 COEUR D ALENE ID 83814  3. New Registered Agent Signature:* |       |         |             |
| RECEIVED BY DUE DATE  |  |  |       |         |             |
| 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 JASON LIU   | MD 2820 N ONTARIO ST   | BURBANK  | CA    | USA     | 91504       |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*  |  |       |         |             |
| CA  | Signature: DAVID WILLIAMS  | Date: 05/20/2015   |       |         |             |
| C 191664  | Name (type or print): DAVID WILLIAMS   | Title: PRESIDENT   |       |         |             |
| Processed 05/20/2015  | * Electronically provided signatures are accepted as original signatures.  |  |       |         |             |