

No. C 210787		Due no later than Aug 31, 2017		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. MORRIS PHYSICIAN CONSULTANTS, INC. JOSHUA MORRIS 5031 CAVENDISH HWY LENORE ID 83541		JOSHUA MORRIS 5033 CAVENDISH HWY LENORE ID 83541			
				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	
PRESIDENT	JOSHUA MORRIS	5031 CAVENDISH HWY	LENORE	ID	USA	83541	
5. Organized Under the Laws of: ID C 210787		6. Annual Report must be signed.* Signature: Joshua Morris Name (type or print): Joshua Morris Date: 09/28/2017 Title: President					
Processed 09/28/2017		* Electronically provided signatures are accepted as original signatures.					