

No. C 82049		Due no later than Aug 31, 2013		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. PETER C. JONES, M.D., P.A. PETER C. JONES, M.D. 4848 KOKANEE BAY CT COEUR D'ALENE ID 83814		PETER C. JONES, M.D. 4848 KOKANEE BAY CT COEUR D'ALENE ID 83814					
				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			
TREASURER	PETER C JONES	4848 KOKANEE BAY CT	COEUR D ALENE	ID	USA	83814			
SECRETARY	PETER C JONES	4848 KOKANEE BAY CT	COEUR D ALENE	ID	USA	83814			
PRESIDENT	PETER C JONES	4848 KOKANEE BAY CT	COEUR D ALENE	ID	USA	83814			
5. Organized Under the Laws of: ID C 82049		6. Annual Report must be signed.* Signature: Peter C Jones MD Name (type or print): Peter C Jones MD							
		Date: 06/26/2013 Title: President							
Processed 06/26/2013		* Electronically provided signatures are accepted as original signatures.							