| No. <b>C 208411</b>   |                             | Annual Report Form  JOSH  1. Mailing Address: Correct in this box if needed.  JOSHUA E HALL MD PA JOSHUA E HALL  4144 CREEKVIEW DR |                          | 2. Registered Agent and Address (NO PO BOX)   |            |                |  |
|---|-----------------------------|--|--------------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | JOSHUA<br>JOSHUA<br>4144 CF |  |                          | JOSHUA E HALL 4144 CREEKVIEW DR TWIN FALLS ID 83301  New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATA   |                             | ses of President, Secretary, and Directors. Treasu   | urer (entional)          |   |            |                |  |
| Office Held Nar   |                             | Street or PO Address   | City                     | State   | Country    | Postal Code    |  |
|   | SHUA E HALL<br>DSEY M HALL  | 4144 CREEKVIEW DR<br>4144 CREEKVIEW DR   | TWIN FALLS<br>TWIN FALLS | ID<br>ID  | USA<br>USA | 83301<br>83301 |  |
| 5. Organized Under the Laws of ID C 208411  | Signatu                     | Report must be signed.*<br>re: JOSHUA E HALL<br>type or print): JOSHUA E HALL  |                          | Date: 12/05/2016<br>Title: PRESIDENT  |            |                |  |
| Processed 12/05/2016  | * Electroni                 | * Electronically provided signatures are accepted as original signatures.  |                          |   |            |                |  |