| No. <b>C 144729</b>   | Due no later than Jul 31, 2017  | 2. Registered Agent and Address (NO PO BOX)                                     |       |          |             |
|---|---|---|-------|----------|-------------|
| Return to:  | Annual Report Form  | STEVEN J \  |       | <b>1</b> |             |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080   | 1. Mailing Address: Correct in this box if needed.  MEDICAL PSYCHOTHERAPY, P.C.  STEVEN J WRIGHT ESQ PO BOX 50578 | 477 SHOUP AVE STE 109 IDAHO FALLS ID 83402  3. New Registered Agent Signature:* |       |          |             |
|   | IDAHO FALLS ID 83405-0578   |   |       |          |             |
| NO FILING FEE IF 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 PHILIP GIRL   | ING 820 N. PONDEROSA DR.  | JACKSON   | WY    | USA      | 83001       |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   |   |       |          |             |
| ID  | Signature: Steven J Wright  | Date: 05/19/2017  |       |          |             |
| C 144729  | Name (type or print): Steven J Wright   | Title: Agent  |       |          |             |
| Processed 05/19/2017  | * Electronically provided signatures are accepted as original signatures.   |   |       |          |             |