No. **C 157984**	**Due no later than Dec 31, 2017** **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.** P.C.M.R. FOUNDATION, INC. DR. SAMUEL FASSIG 9212 S TALON LANE BOISE ID 83709	DR SAMUEL M FASSIG 9212 S TALON LANE BOISE ID 83705 3. New 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	SAMUEL FASSIG	9212 S. TALON LANE	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 157984**	Signature: Dr Samuel M Fassig	Date: 12/18/2017
	Name (type or print): Dr Samuel M Fassig	Title: President

Processed 12/18/2017

* Electronically provided signatures are accepted as original signatures.