

|                                                                                                                                                        |                 |                                                                                                                                                               |       |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 170867</b>                                                                                                                                    |                 | <b>Due no later than Jan 31, 2014</b>                                                                                                                         |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>SHANE A. MAXWELL, D.O., CHARTERED<br>SHANE A MAXWELL<br>8950 W EMERALD STE 168<br>BOISE ID 83704 |       | SHANE A MAXWELL<br>8950 W EMERALD<br>BOISE ID 83704 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                               |       | 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                                                                                                                                              | SHANE A MAXWELL | 8950 W EMERALD STE 168                                                                                                                                        | BOISE | ID                                                  | USA     | 83704       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170867</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Shane Maxwell<br>Name (type or print): Shane Maxwell                                                          |       |                                                     |         |             |  |
| Date: 02/11/2014<br>Title: President                                                                                                                   |                 |                                                                                                                                                               |       |                                                     |         |             |  |
| Processed 02/11/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                     |       |                                                     |         |             |  |