No. <b>C 207318</b>	Due no later than Sep 30, 2018	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	NATHAN OLSEN
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed EXCELLENCE IN MEDICINE, INC. BRAD TALCOTT 2680 CHANNING WAY IDAHO FALLS ID 83404	485 IDAHO FALLS ID 83402  3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Corporations: Enter Names and B	isiness Addresses of President, Secretary, and Directors. Trea	easurer (optional).
Office Held Name	Street or PO Address	City State Country Postal Code
PRESIDENT BRAD TA	LCOTT 2680 CHANNING WAY	IDAHO FALLS ID USA 83404
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Bradford Talcott	Date: 08/01/2018
C 207318	Name (type or print): Bradford Talcott	Title: President
Processed 08/01/2018	* Electronically provided signatures are accepted as origin	inal signatures.