No. C 200128		Due no later than Oct 31, 2016	2. Registered Agent and Address (NO PO BOX) CHARLES RICHARDS 623 S MAIN SUITE 5 MOSCOW ID 83843-8384 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MOSCOW PULLMAN OB/GYN, P.S. ERIKA BAKER 1205 SW PROFESSIONAL MALL BLVD				
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 102 PULLMAN WA 99163				
4. Corporations: Enter Names	and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Na	ame	Street or PO Address	City	State	Country	Postal Code
SECRETARY HL	C MINUDR JONG TRIN GEL CAMP	IH 623 S MAIN #5	MOSCOW MOSCOW MOSCOW	ID ID ID	USA USA USA	83843 83843 83843
5. Organized Under the Laws of:		5. Annual Report must be signed.*				
WA C 200128		Signature: Erika Baker	Date: 11/29/2016			
		Name (type or print): Erika Baker	Title: Manager			
Processed 11/29/2016	* Electronically provided signatures are accepted as original signatures.					