| No. <b>C 163925</b>                                                                                               | Due no later than Dec 31, 2015 2. Registered Agent and Address (NO PO                                                    |   |                                                                         |       | PO BOX) |             |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------|-------|---------|-------------|
| Return to:                                                                                                        | Annual Report Form                                                                                                       |   | DR ANDREW MYERS                                                         |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                  | 1. Mailing Address: Correct in this box if needed DR. ANDREW MYERS, INC. ANDREW MYERS 4504 QUAIL RIDGE DR BOISE ID 83703 |   | 4504 QUAIL RIDGE DR BOISE ID 83703  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF<br>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                                                                                                     | C | City                                                                    | State | Country | Postal Code |
| PRESIDENT ANDREW E                                                                                                | MYERS 4504 W QUAIL RIDGE DR                                                                                              | В | OISE                                                                    | ID    | USA     | 83703       |
| 5. Organized Under the Laws of:                                                                                   | 6. Annual Report must be signed.*                                                                                        |   |                                                                         |       |         |             |
| ID                                                                                                                | Signature: Andrew Myers                                                                                                  |   | Date: 10/15/2015                                                        |       |         |             |
| C 163925                                                                                                          | Name (type or print): Andrew Myers                                                                                       |   | Title: President                                                        |       |         |             |
| Processed 10/15/2015                                                                                              | * Electronically provided signatures are accepted as original signatures.                                                |   |                                                                         |       |         |             |