| No. <b>W 96846</b>  |                    | Due no later than Sep 30, 2015   |                                       | 2. Registered                              | 2. Registered Agent and Address (NO PO BOX)  |         |             |  |
|---|--------------------|--|---------------------------------------|--|--|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |                    | Annual Report Form  1. Mailing Address: Correct in this box if needed.  NINON GERMAIN M.D. PLLC  NINON GERMAIN MD  1775 W STATE ST #331  BOISE ID 83702-3924 |                                       | 413 NORTH<br>BOISE ID                      | NINON GERMAIN MD 413 NORTH ALLUMBAUGH #101 BOISE ID 83704  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar    |                    | mes and Address  | es of at least one Member or Manager. |  |  |         |             |  |
| Office Held   | Name               |  | Street or PO Address                  | City                                       | State  | Country | Postal Code |  |
| MEMBER  | ER NINON M GERMAIN |  | 1775 W STATE ST #331                  | BOISE                                      | ID   | USA     | 83702-3924  |  |
| 5. Organized Under the Laws of:  ID  W 96846  |                    | 6. Annual Repor<br>Signature: NI<br>Name (type o   |                                       | Date: 09/07/2015<br>Title: SOLE PROPRIETOR |  |         |             |  |
| Processed 09/07/2015  |                    | * Electronically provided signatures are accepted as original signatures.  |                                       |  |  |         |             |  |