

No. C 152795	Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PEDIATRIC CRITICAL CARE, P.C. PAUL W JANSEN PO BOX 459 NEW MEADOWS ID 83654		PAUL W JANSEN, M.D. 190 E BANNOCK BOISE ID 83712			
			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
TREASURER	PAUL W JANSEN	PO BOX 459	NEW MEADOWS	ID	USA	83654
SECRETARY	PAUL W JANSEN	PO BOX 459	NEW MEADOWS	ID	USA	83654
PRESIDENT	PAUL W JANSEN	PO BOX 459	NEW MEADOWS	ID	USA	83654
5. Organized Under the Laws of: ID C 152795	6. Annual Report must be signed.*					
	Signature: Paul Jansen		Date: 11/23/2015			
	Name (type or print): Paul Jansen		Title: President			
Processed 11/23/2015	* Electronically provided signatures are accepted as original signatures.					