

No. <b>C 198524</b>		<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FACKRELL HEALTHCARE, P.A. 3456 E 17TH #140 AMMON ID 83406		MATTHEW J FACKRELL 187 OCTOBER COVE SHELLEY ID 83274			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	MATTHEW J FACKRELL	187 OCTOBER COVE	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:  <b>ID</b> <b>C 198524</b>		6. Annual Report must be signed.*  Signature: Adam Morris Name (type or print): Adam Morris  Date: 04/25/2018 Title: AGENT					
Processed 04/25/2018      * Electronically provided signatures are accepted as original signatures.							