

No. <b>C 214231</b>		<b>Due no later than Jun 30, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  VISION QUEST MEDICAL CENTER, P.A. JACOB L MONG DO 5680 GAGE ST BOISE ID 83706		JACOB A MONG DO 5680 GAGE ST BOISE ID 83706			
				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	JACOB A MONG	5680 W GAGE ST	BOISE	ID	USA	83706-1326	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 214231</b>		Signature: Jacob A Mong DO				Date: 04/23/2018	
		Name (type or print): Jacob A Mong DO				Title: President	
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.					