

No. C 214231		Due no later than Jun 30, 2018 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. 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: ID C 214231		6. Annual Report must be signed.* Signature: Jacob A Mong DO Name (type or print): Jacob A Mong DO					
		Date: 04/23/2018 Title: President					
Processed 04/23/2018 * Electronically provided signatures are accepted as original signatures.							