

No. <b>C 52040</b>	<b>Due no later than Sep 30, 2017</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>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  MOSCOW MEDICAL, P.A. TRACY L PAZ 213 NORTH MAIN STREET MOSCOW ID 83843	DONNA GRAUKE 213 N MAIN ST MOSCOW ID 83843  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	RAYMOND PAZ	213 N MAIN STREET	MOSCOW	ID	USA	83843
VICE PRESIDENT	JOHN H GRAUKE	213 N MAIN STREET	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:  <b>ID C 52040</b>	6. Annual Report must be signed.* Signature: TRACY L PAZ Name (type or print): TRACY L PAZ		Date: 10/25/2017 Title: PRACTICE ADMINISTRATOR			
Processed 10/25/2017		* Electronically provided signatures are accepted as original signatures.				