

No. <b>C 184380</b>		<b>Due no later than Sep 30, 2016</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>  HIGHPOINT MEDICAL INC. MILTON L MEYER III 693 W CANFIELD AVENUE COEUR D'ALENE ID 83815		MILTON L MEYER 1715 N REISWIG RD POST FALLS ID 83854			
						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	MILTON L MEYER III	1715 N REISWIG RD	POST FALLS	ID	USA	83854	
SECRETARY	VERDENE E MEYER	P.O. BOX 800	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:  <b>ID</b> <b>C 184380</b>		6. Annual Report must be signed.*  Signature: LORI SLEHOFER Name (type or print): LORI SLEHOFER  Date: 07/25/2016 Title: TREASURER					
Processed 07/25/2016 * Electronically provided signatures are accepted as original signatures.							