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|--|-------------------|--|---------------|--|---------|-------------|--|--|--|
| No. C 201140 | | Due no later than Feb 28, 2015 | | 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. RICHARD L. SHELDON, M.D. PROFESSIONAL CORPORATION 2066 S ESPINAZO DR COEUR D ALENE ID 83814 | | RICHARD L SHELDON 2066 S ESPINAZO DR COEUR D ALENE 83814 | | | | | |
| | | | | 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 | | | |
| DIRECTOR | RICHARD L SHELDON | 2066 S ESPINAZO DR | COEUR D ALENE | ID | USA | 83814 | | | |
| PRESIDENT | RICHARD L SHELDON | 2066 S ESPINAZO DR | COEUR D ALENE | ID | USA | 83814 | | | |
| SECRETARY | JUDY L SHELDON | 2066 S ESPINAZO DR | COEUR D ALENE | ID | | 83814 | | | |
| 5. Organized Under the Laws of: CA C 201140 | | 6. Annual Report must be signed.* Signature: JUDY L SHELDON Name (type or print): JUDY L SHELDON Date: 03/16/2015 Title: SECRETARY | | | | | | | |
| Processed 03/16/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |