

No. C 184490		Due no later than Sep 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LSI SOLUTIONS, INC. EVA P SAUER MD 7796 VICTOR-MENDON RD VICTOR NY 14564		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
				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	JUDE S SAUER MD	7796 VICTOR-MENDON RD	VICTOR	NY	USA	14564	
SECRETARY	EVA P SAUER MD	7796 VICTOR-MENDON RD	VICTOR	NY	USA	14564	
5. Organized Under the Laws of: NY C 184490		6. Annual Report must be signed.* Signature: Eva P. Sauer, M.D. Date: 09/25/2014 Name (type or print): Eva P. Sauer, M.D. Title: Secretary & Treasurer					
Processed 09/25/2014		* Electronically provided signatures are accepted as original signatures.					