No. C 175051		Due no later than Sep 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHRISTOPHER J. GOULET, M.D., P.A. STEVEN FARRO 6259 W EMERALD STREET BOISE ID 83704-8731		C250 W 5N	CHRISTOPHER J GOULET MD 6259 W EMERALD STREET BOISE ID 83704-8731 3. New Registered Agent Signature:*			
				BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CHRISTOPHER J GOULET		6259 W EMERALD STREET	BOISE	ID	USA	83704-8731	
PRESIDENT	ESIDENT CHRISTOPHER J GOULE		6259 W EMERALD STREET	BOISE	ID	USA	83704-8731	
DIRECTOR	CHRISTOPHER J GOULET		6259 W EMERALD STREET	BOISE	ID	USA	83704-8731	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 175051		Signature: Steven Farro			Date: 08/22/2016			
		Name (type or print): Steven Farro			Title: Administrator			
Processed 08/22/2016		* Electronically pro	vided signatures are accepted as origina	al signatures.				