

|                                                                                                                                                        |                   |                                                                                                                                                                              |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 155722</b>                                                                                                                                    |                   | <b>Due no later than Jul 31, 2015</b>                                                                                                                                        |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PMR, INC.<br>DAVID J HAMMES<br>8500 GOLSE DR<br>BOISE ID 83704-4461<br>USA |       | DAVID J HAMMES<br>8500 GOLSE DR<br>BOISE ID 83704-4461 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                              |       | 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                                                                                                                                              | DAVID J HAMMES    | 8500 GOLSE DRIVE                                                                                                                                                             | BOISE | ID                                                     | USA     | 83704-4461  |  |
| SECRETARY                                                                                                                                              | KATHLEEN M HAMMES | 8500 GOLSE DRIVE                                                                                                                                                             | BOISE | ID                                                     | USA     | 83704-4461  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 155722</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: David J. Hammes<br>Name (type or print): David J. Hammes                                                                     |       |                                                        |         |             |  |
| Date: 05/22/2015<br>Title: President                                                                                                                   |                   |                                                                                                                                                                              |       |                                                        |         |             |  |
| Processed 05/22/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                    |       |                                                        |         |             |  |