| No. C 181508 | | Due no later than Jan 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------|---|---|---|---------|-------------|--|
| Return to: | | Annual Report Form | | MOLLY B ARMIJO | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MOLLY B. ARMIJO MD, PA MOLLY B ARMIJO 2343 EASTDALE DRIVE BOISE ID 83712 | BOISE ID | 2343 EASTDALE DRIVE BOISE ID 83712 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Na | mes and Busine | ess Addresses of President, Secretary, and Directors. Treasure | r (optional). | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER | MARVIN S E | ELLIS 2343 EASTDALE DRIVE | BOISE | ID | USA | 83712 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Molly Armijo | Date: 11/25/2016 | | | | |
| C 181508 | | Name (type or print): Molly Armijo | Title: President | | | | |
| Processed 11/25/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |