

No. C 195013	Due no later than Jun 30, 2018 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. JC ANESTHESIA, P.A. JOSHUA COLEMAN 2232 E TRAIL BLAZER DR MERIDIAN ID 83646-5484		JOSHUA COLEMAN 2232 E TRAIL BLAZER DR MERIDIAN ID 83646			
			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
SECRETARY	DENA COLEMAN	2232 E TRAIL BLAZER DR	MERIDIAN	ID	USA	83646
PRESIDENT	JOSHUA COLEMAN	2232 E TRAIL BLAZER DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID C 195013	6. Annual Report must be signed.* Signature: Joshua Coleman Name (type or print): Joshua Coleman		Date: 04/21/2018 Title: President			
Processed 04/21/2018		* Electronically provided signatures are accepted as original signatures.				