

| | | | | | | | |
|--|----------------|--|----------|--|---------|--|--|
| No. C 208199 | | Due no later than Dec 31, 2016 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. ERICKSON MEDICAL PC JED ERICKSON 2133 W GRAND TETON DR MERIDIAN ID 83646 | | JED ERICKSON 2133 W GRAND TETON 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 | |
| TREASURER | EMILY ERICKSON | 2133 W GRAND TETON DR | MERIDIAN | ID | USA | 83646 | |
| PRESIDENT | JED ERICKSON | 2133 W GRAND TETON DR | MERIDIAN | ID | USA | 83646 | |
| 5. Organized Under the Laws of: ID C 208199 | | 6. Annual Report must be signed.* Signature: Jed Erickson Name (type or print): Jed Erickson | | | | | |
| | | Date: 12/28/2016 Title: CEO | | | | | |
| Processed 12/28/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |