No. C 196764	D	Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	DR. NATHAN	Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. NATHAN C. KANNING, P.C. NATHAN C KANNING 609 N LINCOLN AVE SANDPOINT ID 83864		BERG & MCLAUGHLIN CHTD 414 CHURCH ST STE 203 SANDPOINT 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT NATHA	N C KANNING	609 N. LINCOLN AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: 6. Annual Repor		rt must be signed.*					
ID	Signature: na	Signature: nathan Kanning		Date: 12/31/2014			
C 196764	Name (type o	Name (type or print): nathan Kanning		Title: president			
Processed 12/31/2014	* Electronically p	* Electronically provided signatures are accepted as original signatures.					