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| No. C 47113 | | Due no later than Mar 31, 2014 | | 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 | | Annual Report Form | | DUSTIN K WORTH 623 S MAIN ST MOSCOW ID 83843 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | MOSCOW FAMILY MEDICINE, P.A. JEFFREY E GEIER 623 S MAIN ST MOSCOW ID 83843-2983 USA | | | | | |
| 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 | |
| DIRECTOR | HELEN M SHEARER | 623 S MAIN ST | MOSCOW | ID | USA | 83843-2983 | |
| DIRECTOR | ROBERT M TING | 623 S MAIN ST | MOSCOW | ID | USA | 83843-2983 | |
| SECRETARY | FRANCIS K SPAIN | 623 S MAIN ST | MOSCOW | ID | USA | 83843-2983 | |
| DIRECTOR | WAYNE L RUBY | 623 S MAIN ST | MOSCOW | ID | USA | 83843-2983 | |
| DIRECTOR | NANCY JO ELSBURY | 623 S MAIN ST | MOSCOW | ID | USA | 83843-2983 | |
| PRESIDENT | DUSTIN K WORTH | 623 S MAIN ST | MOSCOW | ID | USA | 83843-2983 | |
| 5. Organized Under the Laws of: ID C 47113 | | 6. Annual Report must be signed.* Signature: Jeffrey E Geier Name (type or print): Jeffrey E Geier | | Date: 01/29/2014 Title: Administrator | | | |
| Processed 01/29/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |