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| No. C 154576 | | Due no later than May 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 1. Mailing Address: Correct in this box if needed. CEDAR MOUNTAIN RESPIRATORY SERVICES, INC. KELLY R. GREENE 77A W COMMERCE DR HAYDEN ID 83835 USA | | KELLY GREENE 77A W COMMERCE DR HAYDEN ID 83835 | | |
| | | | | 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 |
| DIRECTOR | ROXZENE BOCKSTRUCK | 77 W. COMMERCE DR. | HAYDEN | ID | USA | 83835 |
| DIRECTOR | JAMES ADCOCK | 77 W. COMMERCE DR. | HAYDEN | ID | USA | 83835 |
| PRESIDENT | KELLY R. GREENE | 77 W. COMMERCE DR. | HAYDEN | ID | USA | 83835 |
| DIRECTOR | CATHY GREENE | 77 W. COMMERCE DR. | HAYDEN | ID | USA | 83835 |
| 5. Organized Under the Laws of: ID C 154576 | | 6. Annual Report must be signed.* Signature: Kelly Greene Name (type or print): Kelly Greene Date: 03/25/2014 Title: President/CEO | | | | |
| Processed 03/25/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |