No. C 199440		Due no later than Aug 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRIS SCHOLES MD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CHRIS SCHOLES, P.C. CHRIS SCHOLES PC 526 SHOUP AVE W A TWIN FALLS ID 83301			526 SHOUP AVE W A TWIN FALLS ID 83301			
					3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	ANNA SCHO CHRIS SCHO		526 SHOUP AVE W A 526 SHOUP AVE W A		TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 199440		Signature: Leslie McCurdy			Date: 06/20/2016			
		Name (type or print): Leslie McCurdy			Title: Bookkeeper			
Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures.								