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|--|-----------------|---|-------|--|---------|-------------|--|--|--|
| No. C 140481 | | Due no later than Aug 31, 2014 | | 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. ROBERT F. GIBSON, M.D., P.A. STEVEN FARRO 6259 W EMERALD STREET BOISE ID 83704 USA | | ROBERT F GIBSON 6259 W EMERALD STREET BOISE ID 83704 | | | | | |
| | | | | 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 | | | |
| PRESIDENT | ROBERT F GIBSON | 6259 W EMERALD STREET | BOISE | ID | USA | 83704 | | | |
| SECRETARY | ROBERT F GIBSON | 6259 W EMERALD STREET | BOISE | ID | USA | 83704 | | | |
| DIRECTOR | ROBERT F GIBSON | 6259 WEST EMERALD STREET | BOISE | ID | USA | 83704 | | | |
| 5. Organized Under the Laws of: ID C 140481 | | 6. Annual Report must be signed.* Signature: Steven Farro Name (type or print): Steven Farro Date: 06/24/2014 Title: Administrator | | | | | | | |
| Processed 06/24/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |