| No. C 155834 | | Due no later than Aug 31, 2015 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|--------------------|--|------------|--------------------------|--|
| Return to: | | Annual Report Form | | NANETTE FORD PA-C | | | |
| 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. | | 380 Washington Ave Plaza KETCHUM ID 83340 | | | |
| | | FAMILY MEDICINE & WELLNESS P.C. NANETTE Ford P O BOX 1575 | KETCHOM II | | | | |
| | | KETCHUM ID 83340 | 3. New Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | USA | | | | | |
| 4. Corporations: Ent | er Names and Busin | ess Addresses of President, Secretary, and Directors. Treasur | er (optional). | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY NANETTE FO PRESIDENT NANETTE FO | | | KETCHUM KETCHUM | ID ID | USA USA | 83340-1575 83340-1575 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: nanette ford | | Date: 07/08/2015 | | | |
| C 155834 | | Name (type or print): nanette ford | | Title: president | | | |
| Processed 07/08/20 | 15 | * Electronically provided signatures are accepted as original s | signatures. | | | | |