| No. C 215111 | Due no later than Sep 30, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | LUCAS ANDERSON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. LUCAS ANDERSON, M.D., P.C. LUCAS A ANDERSON 2361 BERKELEY STREET SALT LAKE CITY UT 84109 | 5016 EAST HAYDEN LAKE ROAD HAYDEN ID 83835 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| 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 |
| SECRETARY KATHERINE | ALISA ANDERSON 2361 BERKELEY STREET | SALT LAKE CITY | ய | USA | 84109 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: Lucas Anderson | Date: 08/13/2018 | | | |
| C 215111 | Name (type or print): Lucas Anderson | Title: President | | | |
| Processed 08/13/2018 | * Electronically provided signatures are accepted as original signatures. | | | | |