STATE OF ARIZONA CORPORATION COMMISSION



_ 18. Insurance

___ 19. Legal Services

CORPORATION ANNUAL REPORT



17. _ Professional, commercial

industrial or trade association

CERTIFICATE OF DISCLOSURE DUE ON OR BEFORE:6:14:2020 12:00:00 AM PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. File # 00653740 VALLEY RADIOLOGISTS, LTD. **Business Phone: Business Email Address:** State of Domicile: AZ Type of Corporation: Domestic Professional Corporation Statutory Agent name and address (MUST both be in Arizona): DANIEL E FREDENBERG Street or physical address: 4747 N 7TH STREET SUITE 402, PHOENIX, AZ 85014 Mailing (if different than street): 2.1 If appointing a new statutory agent, the new agent MUST consent to the appointment by signing below: I, (individual) or We (Corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this moval or resignation pursuant to law. Principal Office Address (street address required; foreig us rol 4. Check the one category below which best des BUSINESS CORPORATIONS NON-PROFIT CORPORATIONS 1. Accounting ___ 20. Manufacturing ___ 2. Advertising 1. _ Charitable ___ 21. Mining __ 3. Aerospace 2. _ Benevolent __ 22. News Media 4. Agriculture __ 23. Pharmaceutical Educational 5. Architecture Civic ___ 24. Publishing/Printing Banking/Finance 5. _ Political __ 25. Ranching/Livestock 6. __ Religious Barbers/Cosmetology __ 25. Real Estate _ 8. Construction 7. __ Social __ 27. Restaurant/Bar 9. Contractor 8. _ Literary __ 28. Retail Sales _ 19. Credit/Collection 9. _ Cultural __ 29. Science/Research __ 11. Education 10. __ Athletic ___ 30. Sports/Sporting Events __ 12. Engineering Science/Research _ 31. Technology(Computers) __ 13. Entertainment 12. __ Hospital/Health Care __ 32. Technology(General) 14. General Consulting 13. Agricultural __ 33. Television/Radio 15. Health Care _ Cooperative Marketing _ 34. Tourism/Convention Services ASSOC 16. Hotel/Motel __ 35. Transportation Animal Husbandry 17. Import/Export _ 36. Utilities 16. __ Homeowner's Association

___ 37. Veterinary Medicine/Animal Care

__ 38. Other __

		1B Other
 CAPITALIZATION: (For-profit corporations and Business Business trusts must indicate the number of transferable trust estate. 	Trusts are REQUIRED to componentificates held by trustees evide	lete this section) noing their beneficial interest in the
 Authorized shares/certificates: find the number incorporation. 	of authorized shares in the corpo	oration's original Articles of
Number of Shares/Certificates Authorized 1000000	Class COMMON	Series Within Class (if any)
Entity Name: VALLEY RADIOLOGISTS, LTD.		ity ID: 00653740
Issued shares/certificates: examine the corporation's minute Number of Shares/Certificates Issued	es for the number of shares issu	red.
19,492	Class	Series Within Class (if any)
6. SHAREHOLDERS: (For-profit corporations and Business		
 SHAREHOLDERS: (For-profit corporations and Business To List shareholders holding more than 20% of any days of any days of any days of any	rusts are REQUIRED to complet	e this section)
List shareholders holding more than 20% of any class of si interest in the corporation.	nares issued by the corporation, o	or having more than a 20% beneficial
None	Name: Name:	Name:

OFFICERS (both name and address required):

COO (Chief Operating Officer). THEREASA II FROUGE MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office, 11:01/2004 President: PATRICK G FREDENBERG MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office; 07:16/2004

8. DIRECTORS (both name and address required):

Director, AARON GREELEY DO - 2323 W ROSE GARDEN LN. PHOENIX, AZ, 85027, USA - - Date of Taking Office 107-01/2010 Director: ANDREW KWAK MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office, 04/01-2018 Director: ANDREW ONDRACEK MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office 08/23/2007 Director: BILAL A MIAN MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 10/13/2006 Director: BRIAN I YUH MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 07/30/2003 Director: BRIAN 1 FROHNA MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office 07-19/1996 Director: CHRISTIAN DEWALD MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office, 11-D1-2004 Director: CHRISTOPHER P FROUGHE MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, \$5027, USA - - Date of Taking Office: 07.02/2004 Director: COLIN THOMPSON MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 07/21/2017 Director, GEORGE W LEON MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, \$5027, USA - - Date of Taking Office: 10/01/2011 Director: HERBERT 1 TOMASO MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 08/05/2005 Director: JAMES E GERACE MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 166:29-2012 Director JOHN LIN MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office 05/14/2004 Director: LAWRENCE E KOWAL MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 01/07/1987 Director: MICHAEL J HANELIN MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office 04/11-2011 Director: MOHAMMAD KHAN MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office 07/16/2015 Director: NORRIS E LAI MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 53027, USA - - Date of Taking Office. 08:06:2004 Director: RAUL GALVEZ-TREVINO MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office 08:02:2013 Director: ROBERT I AIZENSTEIN MD - 2123 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 07/01/2011 Director: STANLEY M WEHN MD - 2323 W ROSE GARDEN LN, PHOENIX, AZ, 85027, USA - - Date of Taking Office: 67/24/1992

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement (a) Name and address of each corporation and the persons involved. (b) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 2. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\bigcap \text{ NO}\) If "Yes" to A, the following information must be submitted as an attachment to this report:		
10. ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION - MEMBERS (A.R.S. §10-11622(A)(6)) This corporation DOES DOES NOT have members. 11. CERTIFICATE OF DISCLOSURE (A.R.S. §5 10-202(D), 10-3202(D), 10-1622(A)(8) a 10-11622(A)(7). A Has any person who is currently an orficer, director, trustee, incorporator, or who, in a Full-profit corporation interest in the corporation been: 1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the serve year period immerciality proceding the execution of this certificate? 2. Convicted of a felony, the essential elements of which consisted of fraud, immorphisms that by false preteness or restrant of wade or mompely in any state or federal jurisdiction within the serve year period immediately preceding occusion of this certificate? 2. Convicted of a felony, the essential elements of which consisted of fraud, immorporation that by false preteness or restrant of wade or mompely in any state or federal court entered within the serve year period immediately preceding occusion of this certificate where such immediate, judgment, decree or permanent order involved the violation of: (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction, or (c) the anthrust or restraint of trade laws of that jurisdiction? Entity Name: VALLEY RADIOLOGISTS, LTD. Entity ID: 00653740 If "VES" to A, the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above. 1. Full birth name. 2. Full present name and prior names used. 3. Prevent home address. 4. All prior addresses for immediately preceding 7 year period. 5. Date and location of birth. 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cases enumbed of the case. 3. Prevent		
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A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10° of the issued and dustanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: 1. Convicted of a felony knowing a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate? 2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, that by false precesses or restraint of trade or immorphy in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of this certificate where such injunction, judgment, decree or permanent order involved the violation of: (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraue laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdiction? Entity Name: VALLEY RADIOLOGISTS, LTD. Entity ID: 00653740 One box must be marked: YES NO 11 "YES" to A, the following information must be submisted as an attachment to this report for each person subject to one or more of the actions stated in items 1 through 3 above. 1. Full birth name. 2. Full present name and prior names used. 3. Present home addresses. 4. All prior addresses for immediately preceding 7 year period. 5. Date and location of birth. 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. 3. Has any person who is currently an officer, director, trustee, incorporation, or who, in a Ferryprife corporation, controls or holds over 20% of the caused and outstanding common shares, or 20% of any other proprietary, beneficial or	10.	ONLY NONPROFIT CORPORATIONS MUST ANGUEST THE
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period immediately preceding the execution of this certificate. 2. Convicted of a felory, the essential elements of which consisted of fraud, misrepresentation, theft by false precesses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? 3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such imjunction, judgment, decree or permanent order length the seven year period immediately preceding execution of this certificate where such imjunction, judgment, decree or permanent order knowled the violation of: (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraul laws of that jurisdiction, or (c) the antirust or restraint of trade laws of that jurisdiction? Entity Name: VALLEY RADIOLOGISTS, LTD. Entity ID: 00653740 One box mist be marked: YES □ NO If "YES" to A, the following information must be submisted as an attachment to this report for each person subject to one or more of the actions stated in items 1 through 3 above. 3. Present home address. 4. All prior addresses for immediately preceding 7 year period. 5. Date and location of birth. 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. 3. Has any person who is currently an officer, director, trustee, incorporator, or who, in a Fen-profit conporation, served in any such one box must be marked; YES □ NO If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above. (a) Name and address of each corporation and the persons involved. (b) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation.	,	A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 109 of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interact in the constant of the con
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1. Full birth name. 2. Full present name and prior names used. 3. Present home address. 4. All prior addresses for immediately preceding 7 year period. 5. Date and location of birth. 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. 8. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or toolds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation, served in any such constructed a 20% interest in any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation, served in any such constructed a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation subject to the statement of the proprietary of the corporation subject to the statement above. (a) Name and address of each corporation and the persons involved. (b) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 2. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §5 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\bigcirc \) No. 1. All offered diodents to the following information must be submitted as an attachment to this report:		Endty 1D: 00653740
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3. Present home address. 4. All prior addresses for immediately preceding 7 year period. 5. Date and location of birth. 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. 8. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or itsids over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation? 9. One box must be marked: YES \(\subseteq \text{NO} \) 17 "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above. (a) Name and address of each corporation and the persons involved. (b) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 12. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked; YES \(\subseteq \text{ NO} \) 1. All offerers directive the receiver in the corporation in the file of the statement to this report:		
 All prior addresses for immediately preceding 7 year period. Date and location of birth. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation? One box must be marked: YES \(\to \) No If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement (a) Name and address of each corporation and the persons involved. (b) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §5 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked; YES \(\text{ NO} \) NO 	2.	Full present name and prior names used.
5. Date and location of birth. 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. 8. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation? 9. One box must be marked: YES \(\subseteq \) NO 17 "YES" to 8, the following information must be submitted as an attachment to this report for each corporation subject to the statement above. (a) Name and address of each corporation and the persons involved. (b) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 12. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\subseteq \) ND (A. A. Has the following information must be submitted as an attachment to this report:	3.	Present home address,
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B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation? One box must be marked: YES \(\) NO If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement (a) Name and address of each corporation and the persons involved. (a) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 2. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §5 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\) NO If "Yes" to A, the following information must be submitted as an attachment to this report:		
B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation? One box must be marked: YES \(\) NO If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement (a) Name and address of each corporation and the persons involved. (a) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 2. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §5 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\) NO If "Yes" to A, the following information must be submitted as an attachment to this report:	6. °	The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file
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(a) State(s) in which it: (i) was incorporated and (ii) transacted business. (c) Dates of corporate operation. 2. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §5 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\sigma\) NO \(\frac{1}{2}\) All officers displayed information must be submitted as an attachment to this report:		
(c) Dates of corporate operation. 22. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §5 10-1623 & 10-11623) A. Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked; YES \(\infty\) NO 1 All officers disperse to the state of the submitted as an attachment to this report:	6	b) State(s) in which it: (i) was incorporated and (ii) transacted business
A. Has the <u>corporation</u> filed a petition for bankruptcy or appointed a receiver? <u>One box must be marked</u> : YES \(\text{NO} \) NO \(\text{NO} \)		
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All officers discretes the submitted as an attachment to this report:	A.	Has the corporation filed a petition for bankruptcy or appointed a received One house
All officers dispeters to the second	f "Ye	s" to A, the following information must be submitted as an attention
a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty percent of the issued and	1. /	All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of stockholders a corporation, the statement shall list the current president, the petition for bankruptcy or the appointment of stockholders of such corporation.

Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:

(a) Name and address of each corporation;

(b) States in which it: (i) was incorporated and (ii) transacted business.

(c) Dates of operation.

13. SIGNATURES:

we declare, under penalty of periusy that all seconds.
we declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the tracks and to the best of my/our knowledge and belief they are true, correct and complete.
tachments, and to the best of my/our knowledge and belief they are true, correct and complete.
7) The state of th

TRICK FREDENBERGFinted Nam Signature Date (Signers must be duly authorized corporate officer(s) is

Entity Name: VALLEY RADIOLOGISTS, LTD.

Entity ID: 00653740

Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual This is the instruction sheet for the annual reporting process for all corporations doing dustriess in Artzona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. According to A.R.S. §10-1622(F), penalties accrue on for-profit corporation annual reports. that are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission.

No other format is allowed.

Please verify the business address, statutory agent, and agent address information on page one. Strike out incorrect information by placing a single line through it. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the questions about stock.

IMPORTANT: The entirety of this document is public record, including addresses. *Use black or blue ink.

Section 1. All corporations must state their name, street address in Arizona, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number and business email.

Section 2. All corporations must state the name and Arizona address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both an Arizona street address and mailing address. If the Statutory Agent has a P.O. Box, then they must also provide an Arizona physical or street address. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission any time the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided unless you are appointing a new agent.

Section 3. Foreign (out-of-state/country) corporations must state their principal office address in the state or country of incorporation. If the corporation is not required to maintain an office in the state or country of incorporation, list the address of the corporation's registered agent in the state or country of

Section 4. All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit

Section 5. All for-profit corporations must indicate the number of shares that they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.

Section 6. All for-profit corporations must indicate the list of applicable shareholders.

Section 7. Please list all principal officers. All corporations must have at least one duly authorized officer, with address.

Section 8. Please list all directors. All corporations must have at least one director with address per A.R.S. 5§10-803(A) & 10-3803(A).

Section 9. Nonprofit corporations are no longer required to submit a financial statement. Cooperative marketing associations are required to submit a statement of its financial condition (income/expense, balance sheet, etc). All other types of corporations are not required to submit any

Section 10. All Nonprofit Corporations must also indicate whether or not the corporation has members.

Section 11. All corporations must check either YES or NO in the Certificate of Disclosure, for both A and B. Those who check the "YES" box must supply the attachment required as explained in section 10.

Section 12. All corporations must check either YES or NO in the Statement of Bankruptcy or Receivership. Those who check the "YES" box must supply

Section 13. All corporations must read the declarations in this section. If they have completed, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.

MANUE CHECKPALATION STREET, CONTROL AND CO 等。 第一章 FULLYES VALENCE EDWON ACTORS SUPPLY 1920

Sign, Date & Mail the Check and Annual Report. For-profit corporation fee is \$45, Nonprofit corporation fee is \$10. Credit cards are not accepted. Business or for-profit corporations | are subject to penalties if their report is submitted after its assigned due date. Call Customer Contact at 602-542-3026 or within Arizona only, 800-345-5819, for the penalty amount due.

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The ACC Corporations Division

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MAY 2 4 2021

	ARIZONA CORP. COMMISSION CORPORATIONS DIVISION			
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	COVER SHEET (Examine	rs Department)		

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
** ORDER COPIES USING A RECORDS REQUEST FORM **

	SIDER SOLARS STATE OF THE STATE
WHAT ARE Y	OU FILING? Note: Please check our file as we have alread
New Entity	
ENTITY NAM	te - dive the exact hame of the entity as turrently shown in A.C.C. records. / 1/1/1/70
Vai	PROCESSING? XYES - select 1 option below NO - pay only the filing fee
EXPEDITED	PROCESSING? YES - select 1 option below NO - pay only the filing fee
NOTE: A current pl submitted document	hone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of ont(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable, es are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs.
. ,	SAME DAY SERVICE, ADD \$200.00
EXPEDIT	TED PROCESSING, ADD \$35.00 Document will be examined by 5:00pm MST and must be received by 10:00am MST.
	OUR SERVICE, ADD \$400.00 NEXT DAY SERVICE, ADD \$100.00
	Il be examined within 2-hours of submission Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST
PAYMENT:	
MOD Acc	count #: Total amount to deduct:
	ail cash. We do not accept bills over \$20.00.
/Checks or mone	d only for in-person submittals at the Phoenix office ONLY (Tucson does not accept cash). Y orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no
abbreviations. Ch	tecks must be completely and properly filled out, including the amount sections, UNACCEPTABLE CHECKS include: no imprinted
or preprinted nam	ne and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or
Credit cards - m	temporary checks (new accounts). The property of the property
of good standing.	We accept only Visa or MasterCard.
REQUIRED -	RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE): NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS
Email	Email address REQUIRED: Mike, YONKOlen@ radpartners, com
A	Phone number REQUIRED: (602) 549-2018
[Dick up	Name:
☐ Pick up	Phone number REQUIRED:
	Name:
☐ Mail	Address:
	City: State: Zip:
	Phone number REQUIRED:
DOCUMENTS	WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)
	FOR ARIZONA CORPORATION COMMISSION USE ONLY
PICK-UP I	EV.
FACE-OF I	BY: DATE:

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