No. <b>C 116249</b>		Due no later than Aug 31, 2015			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		Annual Report Form  1. Mailing Address: Correct in this box if needed. CAMAS COUNTY MEDICAL SERVICES BOARD, INC. VICKIE LEE BENNETT PO BOX 344 FAIRFIELD ID 83327 USA  RICKY DILLARD CCMS 401 CAMAS AVE. WEST FAIRFIELD ID 83327  3. New Registered Agent Signature:*						
Corporations: Enter Nam     Office Held	nes and Busino Name	ess Addresses (	of President, Secretary, and Directors. Trea	asurer (c	optional). City	State	Country	Postal Code
DIRECTOR SECRETARY PRESIDENT	LAIRA LUE T JEFF RAST ROBBIE MILL VICKIE LEE	_ER	BOX 344 BOX 344 BOX 344 BOX 344		FAIRFIELD FAIRFIELD FAIRFIELD FAIRFIELD	ID ID ID ID	USA USA USA USA	83327 83327 83327 83327 83327
5. Organized Under the Laws of:  ID  C 116249		6. Annual Report must be signed.* Signature: laira thomas Name (type or print): laira thomas			Date: 07/29/2015 Title: Director			
Processed 07/29/2015		* Electronically	provided signatures are accepted as origin	nal signa	tures.			