

No. <b>C 50506</b>		Due no later than Dec 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MEDICAL CENTER FOR CHILDREN AND ADOLESCENTS, P.A. ERIC K GRAVATT 3430 WASHINGTON PKWY IDAHO FALLS ID 83404		JEFFREY J AUGHNEY 3430 WASHINGTON PKWY IDAHO FALLS ID 83404		
				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	BRADFORD N HATCH	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	BRAD R EDWARDS	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	ERIC P OLSON	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
SECRETARY	ROBERT J PETTIT	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	KELLY J ANDERSON	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
DIRECTOR	JEFFREY J AUGHNEY	3430 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:  <b>ID C 50506</b>		6. Annual Report must be signed.* Signature: Eric K. Gravatt Name (type or print): Eric K. Gravatt Date: 11/01/2016 Title: Administrator				
Processed 11/01/2016		* Electronically provided signatures are accepted as original signatures.				