

No. W 110634		Due no later than Jan 31, 2018		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. COMMUNITY CARE WEST SIDE, LLC JOSHUA TOLMAN C/O MOUNTAIN VIEW HOSPITAL 2325 CORONADO ST IDAHO FALLS ID 83404		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MOUNTAIN VIEW HOSPITAL, LLC	2325 CORONADO ST.	IDAHO FALLS	ID	USA 83404
5. Organized Under the Laws of: DE W 110634		6. Annual Report must be signed.* Signature: Joshua Tolman Name (type or print): Joshua Tolman Date: 11/27/2017 Title: CAO			
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.			