No. <b>C 114085</b>		Due no later than Mar 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BLACKFOOT MEDICAL CLINIC HOME CARE, INC. WINSTON BEARD 2105 CORONADO		625 W PACIF BLACKFOOT	JAMES M MARRIOTT 625 W PACIFIC BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		IDAHO FALLS			New Registered Agent Signature:*  optional).			
	Name		Street or PO Address	City	State	Country	Postal Code	
	GREGORY C WINSTON V		2105 CORONADO STREET 2105 CORONADO STREET	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ъ		Signature: Winston V. Beard Date: 04/22/2014						
C 114085		Name (type o	Titl	Title: Registered Agent				
Processed 04/22/2014 * Electronically provided signatures are accepted as original signatures.								