No. C 80646		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JAMES M HU	JAMES M HUTCHINGS 1411 FALLS AVE EAST STE 703 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLEARWATER CARE CENTER, INC. DIANE S. HUTCHINGS 1411 FALLS AVE E STE 703 TWIN FALLS ID 83301		Schoolstern at the street component of				
NO FILING FEE IF		USA			_			
RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY DIANE SUE H			3254 WOODRIDGE DR.	TWIN FALLS	ID	USA	83301	
DIRECTOR DIANE S. HU			3254 WOODRIDGE DRIVE	TWIN FALLS	ID	USA	83301	
PRESIDENT	ENT DIANE S HUTCHINGS		3254 WOODRIDGE DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 80646		Signature: Diane Hutchings		Date: 03	Date: 03/14/2018			
		Name (type or print): Diane Hutchings		Title: President/Secretary				
Processed 03/14/2018	* Electronically provided signatures are accepted as original signatures.							