No. C 158887		Due no later than Feb 29, 2016			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			MARVIN M SMITH 591 PARK AVE STE 202 IDAHO FALLS ID 83402 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. MARGARET C. HUGGINS, CHARTERED MARGARET C. HUGGINS, M.D. 2990 CORTEZ AVENUE IDAHO FALLS ID 83404		IDAHC					
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Corporations: Enter Names a	ind Busine	ess Addresses of Presi	dent, Secretary, and Directors. Treasu	er (optional).					
Office Held Nam	ne		Street or PO Address	City		State	Country	Postal Code	
	RGARET (FTHEW R	C. HUGGINS, M.D. AY	2990 CORTEZ AVENUE 2990 CORTEZ AVENUE	IDAHO I IDAHO I		ID ID	USA USA	83404 83404	
DIRECTOR MAR	RGARET (C. HUGGINS, M.D.	2990 CORTEZ AVENUE	IDAHO I	FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: tom thomson			Date: 12/23/2015				
C 158887		Name (type or print): tom thomson		1	Title: business manager				
rocessed 12/23/2015 * Electronically provided signatures are accepted as original signatures.									