

No. <b>C 181873</b>	<b>Due no later than Feb 28, 2015</b> <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> CANYON COUNTY COMMUNITY CLINIC, INC. 920 MAIN ST CALDWELL ID 83605		TRACY J MITCHELL 1623 PARK AVE NAMPA 83687			
			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	TREVOR GUNSTREAM	12498 W. TRAFALGER CT.	BOISE	ID	USA	83709
SECRETARY	BARBARA HOWARD	1412 FERN ST	NAMPA	ID	USA	83686
TREASURER	JOYCE JONES	3110 WILSON LN	NAMPA	ID	USA	83686
DIRECTOR	JOHN PEARCE	2393 E. GREEN CANYON DR.	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:  <b>ID</b> <b>C 181873</b>	6. Annual Report must be signed.* Signature: STEPHANIE MILLER Name (type or print): STEPHANIE MILLER		Date: 02/24/2015 Title: PAYROLL CLERK			
Processed 02/24/2015		* Electronically provided signatures are accepted as original signatures.				