

No. <b>W 111738</b>		Due no later than Mar 31, 2016		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CCIF, LLC ATTN 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:  <b>DE W 111738</b>		6. Annual Report must be signed.* Signature: Joshua Tolman Name (type or print): Joshua Tolman Date: 02/15/2016 Title: CAO					
Processed 02/15/2016		* Electronically provided signatures are accepted as original signatures.					