

No. C 182118		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LINCOLN COMMUNITY HEALTH CENTER, INC. PAM LOWDER 113 SOUTH APPLE STREET SHOSHONE ID 83352		KEITH DAVIS MD 113 SOUTH APPLE STREET SHOSHONE ID 83352			
						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	
DIRECTOR	PAM LOWDER	420 8TH AVE N.	BUHL	ID	83316		
DIRECTOR	STEPHANIE ROBERTS	18 HIDDEN HOLLOW LANE	JEROME	ID	83338		
5. Organized Under the Laws of: ID C 182118		6. Annual Report must be signed.* Signature: Pam Lowder Name (type or print): Pam Lowder					
Processed 12/21/2017		Date: 12/21/2017 Title: member * Electronically provided signatures are accepted as original signatures.					