

No. C 193049		Due no later than Dec 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERVIEW URGENT CARE AND MEDICAL CENTER, INC. KYLE D. JAMES 382 N. OVERLAND AVE P.O. BOX 820 BURLEY ID 83318 USA		DENNIS JAMES 47 WEST 400 S BURLEY 83318			
				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	KYLE D. JAMES	411 SOUTH 50 WEST	BURLEY	ID	USA	83318	
SECRETARY	DEE ANN JAMES	47 WEST 400 SOUTH	BURLEY	ID	USA	83318	
PRESIDENT	DENNIS L. JAMES	47 WEST 400 SOUTH	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID C 193049		6. Annual Report must be signed.* Signature: DeeAnn James Name (type or print): DeeAnn James Date: 10/16/2014 Title: Secretary					
Processed 10/16/2014		* Electronically provided signatures are accepted as original signatures.					