No. C 181873 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Feb 29, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CANYON COUNTY COMMUNITY CLINIC, INC. 920 MAIN ST CALDWELL ID 83605		2. Registered A	2. Registered Agent and Address (NO PO BOX) TRACY J MITCHELL 1623 PARK AVE NAMPA ID 83687 3. New Registered Agent Signature:*			
				TRACY J M				
				NAMPA ID				
4. Corporations: Enter N	ames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR PRESIDENT SECRETARY TREASURER	JOHN PEARCE TREVOR GUNSTREAM BARBARA HOWARD MARTHA HAWKINS		2393 E. GREEN CANYON DR. 12498 W. TRAFALGER CT. 1412 FERN ST 10054 LAKE SHORE DR.	MERIDIAN BOISE NAMPA NAMPA	ID ID ID ID	USA USA USA USA	83642 83709 83686 83686	
5. Organized Under the Laws of: ID C 181873		6. Annual Report must be signed.* Signature: Stephanie S. Miller Name (type or print): Stephanie S. Miller			Date: 02/10/2016 Title: Payroll Clerk			
Processed 02/10/2016 * Electronically provided signatures are accepted as original signatures.								