No. C 143866		Due no later than May 31, 2014		2. Registered Ag	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. MOUNTAINVIEW FAMILY MEDICINE, INC. NATALIE R HOUGHTON 2006 BIRDIE THOMPSON DR		2006 BIRDIE POCATELLO	BRADLEY M BURTON 2006 BIRDIE THOMPSON DR. POCATELLO ID 83201 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
	Name		Street or PO Address	City	State	Country	Postal Code	
	E EVAN HOLMSTEAD KYLE L CLIFFORD		3515 SOMERSET 1456 ARAMIS DR.	POCATELLO POCATELLO	ID ID	USA USA	83201 83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: N	Da	Date: 04/01/2014				
C 143866		Name (type or print): Natalie Houghton		Ti	Title: Office Manager			
Processed 04/01/2014	* Electronically provided signatures are accepted as original signatures.							