No. <b>C 150283</b>		Due no later than Aug 31, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		404 W EDONE	SCOTT A SCOTT A. TSCHIRGI, CHARTERED 401 W FRONT ST STE 401 BOISE ID 83702  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WV PC JEFF D BROURMAN 5024 W. CHINDEN BLVD GARDEN CITY ID 83714		BOISE ID 83				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
			5024 W. CHINDEN BLVD 5024 W. CHINDEN BLVD	GARDEN CITY GARDEN CITY	ID ID	USA USA	83714 83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 150283		Signature: Ann Selander		Date: 06/20/	Date: 06/20/2018			
		Name (type or print): Ann Selander		Title: Hospit	Title: Hospital Administrator			
Processed 06/20/2018 * Electronically provided signatures are accepted as original signatures.								