No. C 194551		Due no later than Apr 30, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. NCMIC DIVERSIFIED HEALTH RPG ASSN. KYLE NIELSEN 14001 UNIVERSITY AVE	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		CLIVE IA 50325 ss Addresses of President, Secretary, and Directors. Treasurer		ered Agent Si	gnature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	ROD WARREI EMILY HARPE		CLIVE CLIVE	IA IA	USA USA	50325 50325
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
IL C 194551		Signature: Emily Harper Name (type or print): Emily Harper	Date: 02/23/2016 Title: Corporate Secretary			
Processed 02/23/2016 * Electronically provided signatures are accepted as original signatures.						