

No. C 44739		Due no later than Dec 31, 2015		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. IDAHO FALLS CLINIC, P.A. CHRISTINE C. CLARK 2001 SOUTH WOODRUFF, STE. 15 IDAHO FALLS ID 83404		CHRISTINE CLARK 2001 S. WOODRUFF, STE. 15 IDAHO FALLS ID 83404		
				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	BRADLEY K. STODDARD	2001 S. WOODRUFF AVE., #15	IDAHO FALLS	ID	USA	83404
DIRECTOR	ALAN G. AVONDET	2001 S. WOODRUFF AVE., #15	IDAHO FALLS	ID	USA	83404
DIRECTOR	MARGARET A. WAGNER	2001 S. WOODRUFF AVE., #15	IDAHO FALLS	ID	USA	83404
DIRECTOR	LELAND K. KRANTZ	2001 S. WOODRUFF AVE., #15	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 44739		6. Annual Report must be signed.* Signature: Christine Clark Name (type or print): Christine Clark Date: 10/13/2015 Title: Administrator				
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.				