No. C 188386		Due no later than Sep 30, 2018		2. Registered Agent and Address (NO PO BOX)			
700 WEST JEFFERSON CASS PO BOX 83720 BOISE ID 83720-0080 JOEL		Annual Report Form 1. Mailing Address: Correct in this box if needed. CASSIA HEALTH CARE FOUNDATION, INC. JOEL T ROBINS 1734 OVERLAND AVE		JOEL ROBBINS 1734 OVERLAND AVE BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE		BURLEY ID 83318		3. New Registered Agent Signature:*			
100 March 100 Ma	Business Addresses o	f President, Secretary, and Directors. Trea				D	
Office Held Name	T MOCC	Street or PO Address	City	State	Country	Postal Code	
SECRETARY SHABRE PRESIDENT BRUCE	E MOSS BECK	2450 E 600 S 241 S 200 W	DECI BURI		USA USA	83323 83318	
5. Organized Under the Laws of:	6. Annual Repo	ort must be signed.*					
ID	Signature: E	Signature: Bruce Beck		Date: 08/02/2018			
C 188386	Name (type	Name (type or print): Bruce Beck		Title: President			
Processed 08/02/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					