No. **C 177364**	**Due no later than Feb 28, 2018** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CANYON VISTA PSYCHOLOGY INC LORILEE CRITCHFIELD 1404 FALLS AVE EAST TWIN FALLS ID 83301	LORILEE CRITCHFIELD 1404 FALLS AVE EAST TWIN FALLS ID 83301 3. New 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
PRESIDENT	LORILEE CRITCHFIELD	1404 FALLS AVE EAST	TWIN FALLS	ID	USA	83301-3408

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 177364**	Signature: LoriLee Critchfield	Date: 01/09/2018
	Name (type or print): LoriLee Critchfield	Title: President

Processed 01/09/2018

* Electronically provided signatures are accepted as original signatures.