

No. C 182118		Due no later than Feb 29, 2016		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		KEITH DAVIS MD 113 APPLE STREET SHOSHONE ID 83352	
		1. Mailing Address: Correct in this box if needed. LINCOLN COMMUNITY HEALTH CENTER, INC. PAM LOWDER 113 APPLE STREET SHOSHONE ID 83352		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	PAM LOWDER	420 8TH AVE N.	BUHL	ID	83316
DIRECTOR	STEPHANIE ROBERTS	213 15TH AVE E	JEROME	ID	83338
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID C 182118		Signature: Pam Lowder		Date: 03/31/2016	
		Name (type or print): Pam Lowder		Title: Director	
Processed 03/31/2016		* Electronically provided signatures are accepted as original signatures.			