

No. C 196188		Due no later than Oct 31, 2013		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. I-CARE MEDICAL CLINIC, P.A. JENNIFER RICKELL WILLMORE 430 NORTH BRIDGE STREET ST ANTHONY ID 83445		WILLIAM FORSBERG 49 PROFESSIONAL PLAZA REXBURG ID 83440			
				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	JENNIFER RICKELL WILLMORE	605 MAPLE AVE	ST. ANTHONY	ID	USA	83445	
SECRETARY	JENNIFER RICKELL WILLMORE	605 MAPLE AVE	ST. ANTHONY	ID	USA	83445	
PRESIDENT	JENNIFER RICKELL WILLMORE	605 MAPLE AVE	ST. ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 196188		Signature: Jennifer Rickell Willmore				Date: 10/24/2013	
		Name (type or print): Jennifer Rickell Willmore				Title: President	
Processed 10/24/2013		* Electronically provided signatures are accepted as original signatures.					