



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2021

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Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Annual Report: No filing fee if received by the due date.					North 4th Street se, ID 83720 ne: (208) 334-2300	2/08,	
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SOS Control Number: 615584 General Business Corporation (D)			Filing Status: Active-Good Standing Date Formed: 12/01/2014 Fo		ng Formation Locale: ID		
		D					
Name and Mailing Address: (1) Add					ge Mailing Address:	<b>-</b>	
FOCUS ON I	HEALTH, INC.					 ພ	
1304 FULTO						Ö	
SALMON, ID	83467-3618					PM	
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Registered A PATRICIA LE	Agent (RA) and Registered	d Office	e (RO) Address:	(2) Change RA	and/or RO Address:	æ	
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1304 FULTON ST SALMON, ID 83467						Ceive	
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	Note: The Regis	terea On	fice address must be a physic	ai idano addres	s (no postal box).	H	
(3) New Regi	istered Agent (RA) Signat	ure:	Manager and the same of the first	(0) -1 #		<del> </del>	
(4) Companions	. Enternament and business add		If a new agent is appointed in item	<del></del>		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
	s: Enter names and business add	resses (v	· · · · · · · · · · · · · · · · · · ·	ice President, Se	<del></del>		
Title	Name	. 1 = 1 / 1	Business Address		City, State, Zip		
V-CHAIR DAVID L GUSKY			1304 1-11100 3	Τ	SALMON ID	83467#	
SEC. "		<u>~ 7</u>	11		N N		
TREA		16					
	ectors names and business addre	sses (wit	h zip code). Attach additional sl	neet if necessary		<u>0</u>	
Name Busin		Busine	ess Address		City, State, Zip		
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(6) Signatura:	1)time	PL	in the	(6) Date:	2-2-22	en c	
(5) Signature: \	Jurua J.	(_)		(b) Date:		ñ	
(7) Type/Print Na	ame: PATRICIA	<u>L.</u>	S D(RXX	(8) Title: C	HAIRMAN	Ď	

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.