No. **C 193049**	**Due no later than Dec 31, 2015** **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.** RIVERVIEW URGENT CARE AND MEDICAL CENTER, INC. KYLE D. JAMES P.O. BOX 820 BURLEY ID 83318	KYLE D JAMES 382 N OVERLAND AVE BURLEY ID 83318 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	KYLE D. JAMES	932 EAST 00 SOUTH	DECLO	ID	USA	83323
SECRETARY	DEE ANN JAMES	47 WEST 400 SOUTH	BURLEY	ID	USA	83318

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 193049**	Signature: Dee Ann James	Date: 10/19/2015
	Name (type or print): Dee Ann James	Title: sec

Processed 10/19/2015

* Electronically provided signatures are accepted as original signatures.