No. <b>C 214436</b>		Due no later than Jul 31, 2018		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RACHELLE JONES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  VISTA HEALTHCARE, PC 4465 SUTTER LN IDAHO FALLS ID 83404			4465 SUTTER LN IDAHO FALLS ID 83404			
				15/11/0				
				3. <u>New</u> R	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Name		Street or PO Address	City	St	tate	Country	Postal Code	
DIRECTOR JASON BLAINE JONES PRESIDENT RACHELLE JONES		4465 SUTTER LN 4465 SUTTER LN	IDAHO IDAHO		ID ID	USA USA	83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Rachelle Jones			Date: 05/30/2018			
C 214436		Name (type or print): Rachelle Jones			Title: President			
Processed 05/30/2018 * Electronically provided signatures are accepted as original signatures.								