

No. C 212464		Due no later than Jan 31, 2018		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. GOOD SAMARITAN CLINIC, INC. KEITH E DAVIS MD PO BOX 609 SHOSHONE ID 83352		JOHN SEXTON 1021 STARLIGHT LP TWIN FALLS ID 83301			
				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	KEITH E DAVIS MD	PO BOX 609	SHOSHONE	ID		83352	
DIRECTOR	PAM E LOWDER	PO BOX 609	SHOSHONE	ID		83352	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 212464		Signature: Keith E. Davis, MD				Date: 12/04/2017	
		Name (type or print): Keith E. Davis, MD				Title: President/Chair	
Processed 12/04/2017		* Electronically provided signatures are accepted as original signatures.					