| No. **C 113618** | **Due no later than Feb 28, 2014**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>WEST JEFFERSON FAMILY HEALTH INC.<br>BRETT M ZUNDEL<br>PO BOX 519<br>REXBURG ID 83450<br>USA | BRETT W ZUNDEL<br>1286 E 1500 N<br>TERRETON ID 83450<br><br>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 | BRETT W ZUNDEL | PO BOX 69 | TERRETON | ID | USA | 83450 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 113618** | Signature: Brett Zundel | Date: 12/23/2013 |
| | Name (type or print): Brett Zundel | Title: Registered Agent |

Processed 12/23/2013

* Electronically provided signatures are accepted as original signatures.