

No. C 195944		Due no later than Sep 30, 2016 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. SOUTHFORK HEALTHCARE P.A. WENDY SWOPE 166 ELK PATH SWAN VALLEY ID 83449		WENDY SWOPE 166 ELK PATH SWAN VALLEY ID 83449			
						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	
PRESIDENT	WENDY SWOPE	166 ELK PATH BOX 101	SWAN VALLEY	ID	USA	83449	
5. Organized Under the Laws of: ID C 195944		6. Annual Report must be signed.* Signature: Wendy Swope Name (type or print): Wendy Swope Date: 08/02/2016 Title: President					
Processed 08/02/2016 * Electronically provided signatures are accepted as original signatures.							