

No. C 163026	Due no later than Oct 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. PORTNEUF VALLEY FAMILY CENTER, INC. DAVID L SORENSEN 444 HOSPITAL WAY STE STE 477 POCATELLO ID 83201 USA		DAVID SORENSEN 444 HOSPITAL WAY STE 477 POCATELLO ID 83201			
			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	DAVID L. SORENSEN	444 HOSPITAL WAY STE 477	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 163026	6. Annual Report must be signed.* Signature: David Sorensen Name (type or print): David Sorensen		Date: 08/17/2015 Title: President			
Processed 08/17/2015		* Electronically provided signatures are accepted as original signatures.				