No. C 172594	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2008	2. Registered Agent and Office **(NOT A P.O. BOX)** SARAH JESSUP DO 1740 BEAR BASIN RD MCCALL ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** COMMUNITY CARE CLINIC, INC. ~~1740 BEAR BASIN RD~~ P. O. Box 1332 MCCALL ID 83638	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President/Medical Director	Sarah Jessup, DO	POB 1332	McCall	ID	USA	83638
VP	Jennifer Gray, MD	1044 Valley Rim Rd	McCall	ID	USA	83638
Secretary	Kathy D. McMurray, RN	POB 281	McCall	ID	USA	83638
Treasurer	Joan Riggers	POB 369	Cascade	ID	USA	83523
Director	Marilynn McGraw	POB 185	McCall	ID	USA	83638
Director	Linda Klindt, RN	POB 783	McCall	ID	USA	83638
Director	Jackie Aymon PA	1311 Pinecrest	McCall	ID	USA	83638
Director	Kristy Bowden MD	14074 Mccall	McCall	ID	USA	83638

5. Organized Under the Laws of:	6.
IDAHO C 172594	Signature: Sarah A Jessup DO Date: 9-12-13 Name (type or print): Sarah A. Jessup D.O. Title: President/Medical Director

Issued 09/10/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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