No. <b>C 193049</b>	Due no later than Dec 31, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KYLE D JAMES			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		382 N OVERLAND AVE BURLEY ID 83318			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RIVERVIEW URGENT CARE AND MEDICAL CENTER, INC. KYLE D. JAMES P.O. BOX 820	DOKLET ID	BOKELT ID 05510			
	BURLEY ID 83318	3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 KYLE D.		DECLO	ID	USA	83323	
SECRETARY DEE ANN	JAMES 47 WEST 400 SOUTH	BURLEY	ID	USA	83318	
Course and Under the Lave of	C Annual Department has signed #					
5. Organized Under the Laws of:						
ID	Signature: Dee Ann James	Date: 10/26/2016				
C 193049	Name (type or print): Dee Ann James		Title: sec			
Processed 10/26/2016	* Electronically provided signatures are accepted as original signatures.					