

No. C 188386		Due no later than Sep 30, 2013		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		Annual Report Form		JOEL ROBBINS 1734 OVERLAND AVE BURLEY ID 83318			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CASSIA HEALTH CARE FOUNDATION, INC. JOEL ROBINS 1734 OVERLAND AVE BURLEY ID 83318 USA					
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	
SECRETARY	SHABREE MOSS	2450 E 600 S	DECLO	ID	USA	83323	
PRESIDENT	BRUCE BECK	241 S 200 W	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 188386		Signature: Joel T Robins			Date: 07/17/2013		
		Name (type or print): Joel T Robins			Title: Treasurer		
Processed 07/17/2013		* Electronically provided signatures are accepted as original signatures.					