

No. <b>C 163026</b>		<b>Due no later than Oct 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PORTNEUF VALLEY FAMILY CENTER, INC. DAVID L SORENSEN 444 HOSPITAL WAY STE STE 477 POCATELLO ID 83201		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:  <b>ID</b> <b>C 163026</b>		<b>6. Annual Report must be signed.*</b>  Signature: David L. Sorensen Name (type or print): David L. Sorensen					
		Date: 09/24/2018 Title: President					
Processed 09/24/2018      * Electronically provided signatures are accepted as original signatures.							