

No. C 208050	Due no later than Dec 31, 2016 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. CMTY HEALTH PC. PARRIS ALLEN 3480 WAHINGTON PKWY IDAHO FALLS ID 83404	PARRIS ALLEN 720 E LANDER ST POCATELLO ID 83201-8320 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	PARRIS ALLEN	720	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID C 208050	6. Annual Report must be signed.* Signature: Parris Allen Name (type or print): Parris Allen		Date: 03/01/2017 Title: Director			
Processed 03/01/2017		* Electronically provided signatures are accepted as original signatures.				