

No. <b>C 134306</b>		<b>Due no later than Jun 30, 2017</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CAMBRIDGE COMMUNITY CLINIC, LTD. CINDY JONES PO BOX 262 CAMBRIDGE ID 83610		B JO SOULES 70 N SUPERIOR CAMBRIDGE ID 83610		
				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
DIRECTOR	JACKIE EDWARDS	PO BOX 281	CAMBRIDGE	ID	USA	83610
DIRECTOR	SHANNON WILLIAMS	2309 VALLEY RD	CAMBRIDGE	ID	USA	83610
DIRECTOR	BETTY SHELLEY	PO BOX 166	CAMBRIDGE	ID	USA	83610
VICE PRESIDENT	ROY BRAUN	PO BOX 146	CAMBRIDGE	ID	USA	83610
PRESIDENT	C. RAY TURNBULL	PO BOX 121	CAMBRIDGE	ID	USA	83610
SECRETARY	BOLL ARDIS	1129 INDIAN VALLEY ROAD	INDIAN VALLEY	ID	USA	83632
TREASURER	CINDY JONES	2838 SALUBRIA ROAD PO BOX 358	CAMBRIDGE	ID	USA	83610
5. Organized Under the Laws of:  <b>ID C 134306</b>		6. Annual Report must be signed.* Signature: Cindy Jones Name (type or print): Cindy Jones  Date: 06/12/2017 Title: Treasurer				
Processed 06/12/2017		* Electronically provided signatures are accepted as original signatures.				