

No. C 170933		Due no later than Jan 31, 2017		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 1. Mailing Address: Correct in this box if needed. ADAMS COUNTY HEALTH CENTER, INC. KIM R. SMITH PO BOX 428 COUNCIL ID 83612		DENISE LANGSTON-GROVES 205 NORTH BERKLEY COUNCIL ID 83612		
				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	KELLIE TYSON	2304 MCMAHAN LN	COUNCIL	ID	USA	83612
DIRECTOR	DEBBIE MAXWELL	2449 COUNCIL CUPRUM RD	COUNCIL	ID	USA	83612
DIRECTOR	EUGENE FOSTER	PO BOX 182	COUNCIL	ID	USA	83612
DIRECTOR	NELLO JENKINS	PO BOX 72	COUNCIL	ID	USA	83612
DIRECTOR	KEITH TRAPPETT	2470 NORTH HIGHWAY 95	COUNCIL	ID	USA	83612
DIRECTOR	DORIS CROSSLEY	1684 GOODRICH CREEK ROAD	COUNCIL	ID	USA	83612
DIRECTOR	JACK RUBELT	2280 OLD HORNET ROAD	COUNCIL	ID	USA	83612
DIRECTOR	LYNN MARQUARD	4019 COUNCIL-CUPRUM RD.	COUNCIL	ID	USA	83612
DIRECTOR	SHIRLEY HALSEY	PO BOX 288	COUNCIL	ID	USA	83612
DIRECTOR	KARI DAWN IVESON	PO BOX 463	COUNCIL	ID	USA	83612
5. Organized Under the Laws of: ID C 170933		6. Annual Report must be signed.* Signature: Kim R. Smith Name (type or print): Kim R. Smith Date: 01/17/2017 Title: CEO				
Processed 01/17/2017		* Electronically provided signatures are accepted as original signatures.				