No. **C 144005**	**Due no later than May 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.** HEALTH INFORMATION MANAGEMENT, INC. LISA K WILKINS 3602 S. LAMONE WAY MERIDIAN ID 83642	LISA WILKINS 3602 S. LAMONE WAY MERIDIAN ID 83642 3. New 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	LISA K WILKINS	3602 S. LAMONE WAY.	MERIDIAN	ID	USA	83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 144005**	Signature: Lisa Wilkins Name (type or print): Lisa Wilkins	Date: 05/07/2016 Title: President

Processed 05/07/2016

* Electronically provided signatures are accepted as original signatures.