

No. C 60758		Due no later than Mar 31, 2017 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. WEST CLINIC PA. JASON D WEST 1188 CALL PL POCATELLO ID 83201		WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404			
						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	JASON D WEST	1188 CALL CREEK DRIVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 60758		6. Annual Report must be signed.* Signature: Jason D West Name (type or print): Jason D West Date: 02/13/2017 Title: President					
Processed 02/13/2017 * Electronically provided signatures are accepted as original signatures.							