

No. C 165598	Due no later than Mar 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. TWIN FALLS HEALTH INITIATIVES TRUST, LTD. MISTI CHARTERS PO BOX 5529 TWIN FALLS ID 83303-5529	THOMAS M ROBERTSON 156 2ND AVE W TWIN FALLS ID 83301				
		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	LEON MILLS	150 JEFFERSON	TWIN FALLS	ID	USA	83301
PRESIDENT	MARK BRADY	3319 E 3600 N	KIMBERLY	ID	USA	83341
SECRETARY	KELSIE ROBINSON	2032 E 2200 N	TWIN FALLS	ID	USA	83301
TREASURER	SHANE JENKINS	696 WHISPERING PINE DR	TWIN FALLS	ID	USA	83301
DIRECTOR	JANA RODGERS	2805 N 700 E	CASTLEFORD	ID	USA	83321
DIRECTOR	CHRIS GREENE	1360 GALENA	TWIN FALLS	ID	USA	83301
DIRECTOR	PAT KAES	2147 RUSTY COURT	TWIN FALLS	ID	USA	83301
VICE PRESIDENT	JIM WOOLLEY	3065A EAST 3400 NORTH	TWIN FALLS	ID	USA	83301
DIRECTOR	NANCY GLAESEMANN	1086 PARKWAY DRIVE	TWIN FALLS	ID	USA	83301
DIRECTOR	KATHRYN REESE	3519 E 3980 N	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of: ID C 165598	6. Annual Report must be signed.* Signature: Misti Charters Name (type or print): Misti Charters		Date: 03/10/2016 Title: Admin Asst			
Processed 03/10/2016		* Electronically provided signatures are accepted as original signatures.				