

No. C 41775		Due no later than Dec 31, 2015 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. BLACKFOOT MEDICAL CENTER PA AMY MORSE 1441 PARKWAY DR BLACKFOOT ID 83221		SHEILA TIBBITS 1441 PARKWAY BLACKFOOT ID 83221			
						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	KIRT M MCKINLAY	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
SECRETARY	GARY W SOUCIE	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
VICE PRESIDENT	F TAYLOR JOHANSEN	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
DIRECTOR	PAUL L BECKETT	1441 PARKWAY	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 41775		6. Annual Report must be signed.* Signature: Paige Hyde Name (type or print): Paige Hyde					
		Date: 10/14/2015 Title: accounting					
Processed 10/14/2015 * Electronically provided signatures are accepted as original signatures.							