

No. C 204600		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		AMANDA WARD 950 S 1325 E ALBION ID 83311			
		1. Mailing Address: Correct in this box if needed. ALBION VALLEY HEALTH CLINIC INC. AMANDA WARD PO BOX 43 ALBION ID 83311		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	
VICE PRESIDENT	ADAM WARD	950S 1325 E	ALBION	ID	USA	83311	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 204600		Signature: Amanda Ward			Date: 12/06/2016		
		Name (type or print): Amanda Ward			Title: President		
Processed 12/06/2016		* Electronically provided signatures are accepted as original signatures.					