

No. C 177364	Due no later than Feb 28, 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. CANYON VISTA PSYCHOLOGY INC LORILEE CRITCHFIELD 1404 FALLS AVE EAST TWIN FALLS ID 83301		LORILEE CRITCHFIELD 1404 FALLS AVE EAST TWIN FALLS 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	
PRESIDENT	LORILEE CRITCHFIELD	1404 FALLS AVE EAST	TWIN FALLS	ID	USA	83301-3408	
5. Organized Under the Laws of: ID C 177364		6. Annual Report must be signed.* Signature: LoriLee Critchfield Name (type or print): LoriLee Critchfield					
		Date: 02/02/2015 Title: President					
Processed 02/02/2015 * Electronically provided signatures are accepted as original signatures.							