No. C 195944		Due no later than Sep 30, 2015	2. Registered Agent and Address (NO PO BOX) WENDY SWOPE 166 ELK PATH SWAN VALLEY ID 83449 3. New Registered Agent Signature:*				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHFORK HEALTHCARE P.A. WENDY SWOPE 166 ELK PATH SWAN VALLEY ID 83449					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	ames and Busir	ness Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	WENDY SW	OPE 166 ELK PATH BOX 101	SWAN VALLEY	ID	USA	83449	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Wendy Swope	Date: 07/30/2015				
C 195944		Name (type or print): Wendy Swope	Title: President				
Processed 07/30/2015	* Electronically provided signatures are accepted as original signatures.						