

No. C 118121		Due no later than Jan 31, 2018 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. STANTON HEALTH CARE MAGIC VALLEY, INC. DORI SANSTROM PO BOX 2385 TWIN FALLS ID 83303		DORI SANSTROM 718 SHOSHONE ST E 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
PRESIDENT	MIKE LITTLETON	140 HANSEN ST. E STE 2	TWIN FALLS	ID	USA	83301
VICE PRESIDENT	KAREN HEFNER	696 SUNRISE BLVD N	TWIN FALLS	ID	USA	83301
SECRETARY	MOLLY ARROSSA	P.O. BOX 194	KIMBERLY	ID	USA	83341
TREASURER	DAVID KRUSE	2506 PAINTBRUSH	TWIN FALLS	ID	USA	83301
DIRECTOR	DORI SANDSTROM	4010 N 2615 E	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 118121		6. Annual Report must be signed.* Signature: Sebrina Messner Name (type or print): Sebrina Messner Date: 12/20/2017 Title: Office Manager				
Processed 12/20/2017		* Electronically provided signatures are accepted as original signatures.				