

No. C 181462		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. N.E.X.T. LEVEL HEALTH CENTER, INC. JUSTIN T HAMMON 2105 NIAGARA ST IDAHO FALLS ID 83404		JUSTIN HAMMON 2105 NIAGARA ST IDAHO FALLS ID 83404				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	JUSTIN T HAMMON	142 NORTH 3942 EAST	RIGBY	ID	USA	83442			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 181462		Signature: Justin T Hammon				Date: 11/27/2017			
		Name (type or print): Justin T Hammon				Title: President			
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.							