

No. C 181873	Due no later than Feb 28, 2010 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 COUNTY COMMUNITY CLINIC, INC. TRACY J MITCHELL 1623 PARK AVE NAMPA ID 83687		TRACY J MITCHELL 1623 PARK AVE NAMPA ID 83687			
			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	TRACY J MITCHELL	1623 PARK AVE.	NAMPA	ID	USA	83687
5. Organized Under the Laws of: ID C 181873	6. Annual Report must be signed.* Signature: Tracy J Mitchell Name (type or print): Tracy J Mitchell		Date: 03/09/2010 Title: President			
Processed 03/09/2010		* Electronically provided signatures are accepted as original signatures.				