No. C 201124	Due no later than Feb 28, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	PAUL BECKETT				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1187 OCTOBER COVE SHELLEY ID 83274				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BECKETT HEALTH SERVICES, P.A. ROBERT CRANDALL 3456 E 17TH #140	3. New Registered Agent Signature:*				
	AMMON ID 83406					
NO FILING FEE IF RECEIVED BY DUE DATE						
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 PAUL BECK	ETT 1187 OCTOBER COVE	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: ADAM MORRIS	Date: 01/13/2017				
C 201124	Name (type or print): ADAM MORRIS		Title: AGENT			
Processed 01/13/2017	* Electronically provided signatures are accepted as original signatures.					