

No. <b>C 101615</b>		Due no later than Mar 31, 2014		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAIN VIEW MEDICAL CENTER, P.A. RUSS M KOCEMBA 3301 N SAWGRASS BOISE ID 83704 USA		ERIC MAIER 3301 N SAWGRASS BOISE ID 83704		
				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
DIRECTOR	MARK C JOHNSON	3301 N SAWGRASS WAY	BOISE	ID	USA	83704
DIRECTOR	RUSS M KOCEMBA	3301 N SAWGRASS WAY	BOISE	ID	USA	83704
DIRECTOR	ERIC L MAIER	3301 N SAWGRASS WAY	BOISE	ID	USA	83704
SECRETARY	GERTJAN MULDER	3301 N SAWGRASS WAY	BOISE	ID	USA	83704
PRESIDENT	MICHAEL K MAIER	3301 N SAWGRASS WAY	BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID C 101615</b>		Signature: Russ Kocemba Name (type or print): Russ Kocemba			Date: 02/18/2014 Title: Director	
Processed 02/18/2014		* Electronically provided signatures are accepted as original signatures.				