No. <b>C 113807</b>		Due no later than Feb 28, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOUNTAIN HEALTH SERVICES, P.C. LYNN E HAUGHN 740 MCKINLEY AVE KELLOGG ID 83837 USA		2. Registered A	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				FREDERICK 740 MCKINLI KELLOGG	FREDERICK HALLER 740 MCKINLEY AVE KELLOGG 83837  3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KATIE D JARSTAD		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
DIRECTOR	FREDERICK R HALLER		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
DIRECTOR	SCOTT GIBBS		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
VICE PRESIDENT	PRESIDENT FREDERICK R HALLER		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
PRESIDENT	PRESIDENT SCOTT W GIBBS		740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
SECRETARY KATIE D JARSTAD			740 MCKINLEY AVENUE	KELLOGG	ID	USA	83837	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID C 113807		Signature: Lynn E Haughn			Date: 12/17/2014			
		Name (type or print): Lynn E Haughn			Title: Administrator			
Processed 12/17/2014 * Electronically provided signatures are accepted as original signatures.								