| No. C 169305  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                                   | Due no later than Oct 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  COMMUNITY MEDICAL FUND, INC.  WILLIAM THOMAS P.O. BOX 1274  MCCALL ID 83638 USA |   | 2. Registered A          | 2. Registered Agent and Address (NO PO BOX)  HOLLY MCDONALD 1000 STATE STREET MCCALL ID 83638  3. New Registered Agent Signature:* |                       |                |  |
|--|-----------------------------------|--|---|--------------------------|--|-----------------------|----------------|--|
|  |                                   |  |   | 1000 STATE               |  |                       |                |  |
|  |                                   |  |   |                          |  |                       |                |  |
| 4. Corporations: Enter   | Names and Busin<br>Name           | ess Addresses  | of President, Secretary, and Directors. Treas<br>Street or PO Address |                          | State  | Country               | Postal Code    |  |
| PRESIDENT<br>VICE PRESIDENT  | WILLIAM HAVLICAK<br>CHAR HAVLICAK |  | P.O. BOX 1274<br>951 LICK CREEK RD                                    | City<br>MCCALL<br>MCCALL | ID<br>ID   | Country<br>USA<br>USA | 83638<br>83638 |  |
| 5. Organized Under the Laws of:  |                                   | 6. Annual Report must be signed.*  |   |                          |  |                       |                |  |
| ID<br>C 169305   |                                   | Signature:   | william thomas  |                          | Date: 12/07/2017   |                       |                |  |
|  |                                   | Name (type   | e or print): william thomas   |                          | Title: President   |                       |                |  |
| Processed 12/07/2017   | ·                                 | * Electronically   | y provided signatures are accepted as origina                         | l signatures.            |  |                       |                |  |