No. <b>C 139095</b>		Due no later than May 31, 2016		2. Registered Agen	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  GENESIS COMMUNITY HEALTH, INC.  LORRIE APEL  215 W 35TH ST  GARDEN CITY ID 83714		LORRIE APEL				
				215 W 35TH ST GARDEN CITY ID 83714				
				3. <u>New</u> Registered	3. New Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PAT DUNCA	N	9702 W CAROLINA DRIVE	BOISE	ID	USA	83709	
SECRETARY	ARY MICHAEL O		2412 W BANNOCK ST	BOISE	ID	USA	83702	
TREASURER			702 W IDAHO - SUITE 1100	BOISE	ID	USA	83702	
VICE PRESIDENT	LORRIE APE	L	712 MANER PLACE CT	WINSTON SALEM	NC	USA	27103	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 139095		Signature: LORRIE APEL		Date: 05/03/	Date: 05/03/2016			
		Name (type or print): LORRIE APEL		Title: INTERIM DIRECTOR				
Processed 05/03/2016		* Electronically provided signatures are accepted as original signatures.						