No. **W 110634**	**Due no later than Jan 31, 2015**	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.** COMMUNITY CARE WEST SIDE, LLC JOSHUA TOLMAN C/O MOUNTAIN VIEW HOSPITAL 2325 CORONADO ST IDAHO FALLS ID 83404	JOSHUA TOLMAN 2325 CORONADO ST IDAHO FALLS 83404 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MOUNTAIN VIEW HOSPITAL, LLC	2325 CORONADO ST.	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 110634**	Signature: Teresa Sparks	Date: 01/07/2015
	Name (type or print): Teresa Sparks	Title: VP

Processed 01/07/2015

* Electronically provided signatures are accepted as original signatures.