No. C 113618		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BRETT W ZUNDEL				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WEST JEFFERSON FAMILY HEALTH INC. BRETT M ZUNDEL PO BOX 519 REXBURG ID 83450		1286 E 1500 N TERRETON 83450 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	ames and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Tre	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	BRETT W Z	ZUNDEL	PO BOX 69		TERRETON	ID	USA	83450
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: BRETT ZUNDEL		Date: 01/13/2015				
C 113618		Name (type or print): BRETT ZUNDEL		Title: REGISTERED AGENT				
Processed 01/13/2015		* Electronically provided signatures are accepted as original signatures.						