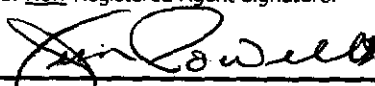
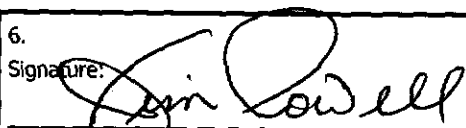


No. C 192680	Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOHN SEXTON 1021 STARLIGHT LP TWIN FALLS ID 83301 Jim Powell 317 Mountain View Lane Burley, Idaho 83318																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MINI CASSIA COMMUNITY HEALTH CARE CLINIC, INC. 1401 OVERLAND AVE 317 Mountain View Lane BURLEY ID 83318		3. <u>New</u> Registered Agent Signature. 																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jim Powell</td> <td>317 Mountain View Lane</td> <td>Burley</td> <td>ID</td> <td>USA</td> <td>83318</td> </tr> <tr> <td>Member</td> <td>Nancy Gerrard</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Member</td> <td>Cheryl Junton</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jim Powell	317 Mountain View Lane	Burley	ID	USA	83318	Member	Nancy Gerrard	-	-	-	-	-	Member	Cheryl Junton	-	-	-	-	-
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5. Organized Under the Laws of: IDAHO C 192680		6. Signature:  Date: <u>9/28/12</u> Name (type or print): <u>Jim Powell</u> Title: <u>President</u>																													