

No. C 201565		Due no later than Mar 31, 2017		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		JIM POWELL 317 MOUNTAIN VIEW LANE BURLEY ID 83318			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CLINIC OF MINI-CASSIA, INC. (THE) JIM POWELL 317 MOUNTAIN VIEW LANE BURLEY ID 83318					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PATRICIA MERRILL	22 S. 50 E.	BURLEY	ID	USA	83318	
SECRETARY	MICHELLE L CLARK	317 MOUNTAIN VIEW LANE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 201565		Signature: Jim Powell			Date: 02/21/2017		
		Name (type or print): Jim Powell			Title: President		
Processed 02/21/2017		* Electronically provided signatures are accepted as original signatures.					