

No. C 113618	Due no later than Feb 29, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. WEST JEFFERSON FAMILY HEALTH INC. BRETT M ZUNDEL PO BOX 519 REXBURG ID 83450		BRETT W ZUNDEL 1286 E 1500 N TERRETON ID 83450			
			3. <u>New</u> Registered Agent Signature:*			
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
PRESIDENT	BRETT W ZUNDEL	PO BOX 69	TERRETON	ID	USA	83450
5. Organized Under the Laws of: ID C 113618		6. Annual Report must be signed.* Signature: BRETT ZUNDEL Name (type or print): BRETT ZUNDEL Date: 03/02/2016 Title: PRESIDENT				
Processed 03/02/2016		* Electronically provided signatures are accepted as original signatures.				