

No. <b>C 78797</b>		<b>Due no later than Jun 30, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JAMES L ANGLE 801 POLE LINE RD W TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> MILFORD AND HAZEL JONES AMBULATORY CARE CENTER CONDOMINIUM ASSOCIATION, INC. JAMES L ANGLE 709 N LINCOLN JEROME ID 83338		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	JAMES L ANGLE	801 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
SECRETARY	CURTIS MAIER	709 N LINCOLN	JEROME	ID	USA	83338-1851	
5. Organized Under the Laws of:  <b>ID C 78797</b>		6. Annual Report must be signed.* Signature: James L. Angle Name (type or print): James L. Angle					
				Date: 05/13/2013		Title: President	
Processed 05/13/2013		* Electronically provided signatures are accepted as original signatures.					