No. <b>C 202230</b>		Due no later than May 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CAULEEN STRADLING 1034 E 800 N SHELLEY ID 83274-8340				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		SOSHEDID CO. MOUNTAIN FALLS MEDICAL ILC 1995 E 17TH ST SUITE 1 IDAHO FALLS ID 83404-6493 USA						
				3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busir	ness Addresses of I	President, Secretary, and Directors. Tre	asurer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR	CAULEEN S	TRADLING	1034 E 800 N		SHELLEY	ID	USA	83274-5304
SECRETARY	CAULEEN S	TRADLING	1034 E 800 N		SHELLEY	ID	USA	83274-5304
PRESIDENT	CAULEEN S	TRADLING	1034 E 800 N		SHELLEY	ID	USA	83274-5304
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 202230		Signature: Cauleen Stradling		Date: 05/10/2016				
		Name (type or print): Cauleen Stradling			Title: CEO			
Processed 05/10/2016		* Electronically pr	ctronically provided signatures are accepted as original signatures.					