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| No. C 181873 | | Due no later than Feb 28, 2018 | | 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 1. Mailing Address: Correct in this box if needed. CANYON COUNTY COMMUNITY CLINIC, INC. 524 CLEVELAND BLVD 110 CALDWELL ID 83605 | | TRACY J MITCHELL 1623 PARK AVE NAMPA ID 83687 | | | |
| | | | | 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 | |
| DIRECTOR | JOHN PEARCE | 2393 E. GREEN CANYON DR. | MERIDIAN | ID | USA | 83642 | |
| PRESIDENT | TREVOR GUNSTREAM | 12498 W. TRAFALGER CT. | BOISE | ID | USA | 83709 | |
| SECRETARY | BARBARA HOWARD | 1412 FERN ST | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: ID C 181873 | | 6. Annual Report must be signed.* Signature: Nichole Collingwood Name (type or print): Nichole Collingwood | | | | | |
| | | Date: 02/28/2018 Title: Bookkeeper | | | | | |
| Processed 02/28/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |