

No. C 44290		Due no later than Sep 30, 2012		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. COMMUNITY HEALTH CLINICS, INC. BARBARA KORN PO BOX 9 NAMPA ID 83653-0009		BARBARA KORN 211 16TH AVENUE NORTH NAMPA ID 83657		
				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	HUGO MOTA	42 N. ELIJAH DRIVE	NAMPA	ID	USA	83651
DIRECTOR	JAMES DZUR, MD	208 WALNUT CREEK WAY	NAMPA	ID	USA	83686
DIRECTOR	LANNIE CHECKETTS	1512 12TH AVENUE ROAD	NAMPA	ID	USA	83686
DIRECTOR	ROSIE DELGADILLO REILLY	1210 WALNUT CREEK COURT	NAMPA	ID	USA	83686
DIRECTOR	VALERIE STEFFEN, PH.D.	3956 E. ASPEN HILLS COURT	BOISE	ID	USA	83706
SECRETARY	ROBYN PAGE	112 N. 4TH STREET WEST	HOMEDALE	ID	USA	83628
PRESIDENT	ERIK JOHNSON	1104 BLAINE STREET	CALDWELL	ID	USA	83605
VICE PRESIDENT	DIANE MARKUS	P O BOX 850	CALDWELL	ID	USA	83606
DIRECTOR	HELEN CARTER	2156 S. MANITOU	BOISE	ID	USA	83706
DIRECTOR	VIRGINIA REYNA-WALLING	P O BOX 850	CALDWELL	ID	USA	83606
DIRECTOR	RAMON MARTINEZ	8033 E MCKENZIE STREET	NAMPA	ID	USA	83687
DIRECTOR	ROGER AGUILAR	192 N. CAMPBELL AVENUE	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of: ID C 44290		6. Annual Report must be signed.* Signature: Barbara Korn Name (type or print): Barbara Korn Date: 09/11/2012 Title: Chief Financial Officer				
Processed 09/11/2012		* Electronically provided signatures are accepted as original signatures.				