

|  |               |   |       |  |         |             |
|--|---------------|---|-------|--|---------|-------------|
| No. <b>C 149269</b>  |               | <b>Due no later than May 31, 2007</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FRIENDSHIP CLINIC, INC. (THE)<br>MARIE BLANCHARD<br>704 S LATAH<br>BOISE ID 83705<br>USA |       | MARIE BLANCHARD<br>704 S LATAH<br>BOISE ID 83705   |         |             |
|  |               |   |       | 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 |
| TREASURER  | ROBIN L FINCH | 1005 ALDAPE COVE  | BOISE | ID   | USA     | 83712       |
| SECRETARY  | JUDY LONSDALE | 2814 WEAVER CIRCLE  | BOISE | ID   | USA     | 83704       |
| DIRECTOR   | ELLIOT WERK   | 6810 RANDOLPH DR  | BOISE | ID   | USA     | 83709       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 149269</b>  |               | 6. Annual Report must be signed.*<br>Signature: Robin L. Finch<br>Name (type or print): Robin L. Finch<br>Date: 06/17/2007<br>Title: Treasurer            |       |  |         |             |
| Processed 06/17/2007   |               | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |