

No. C 170802

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

FAMILY FIRST HEALTH CENTER OF REXBU
~~PO BOX 177~~ 859 S Yellowstone #1101
~~CHESTER, ID 83421~~ Rexburg, ID 83440

ROSEMARY H BROWN

859 S YELLOWSTONE STE 1101
REXBURG, ID 83440NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Rosemary Brown	P.O. Box 177	Chester	ID	83421

5. Organized Under the Laws of:

IDAHO
C 170802

6.

Signature

Rosemary Brown

Date 11-11-07

Name (Typed or Printed)

Rosemary Brown

Title Pres.

Iss.

D Tape or Staple

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