

No. C 162740	Due no later than Sep 30, 2012 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. NORTH END CHILDREN'S HEALTH CLINIC, INC. DR. A CHURCH 1655 W FAIRVIEW AVE STE 206 BOISE ID 83702 USA	LEONA JOANNE CHURCH 1655 W FAIRVIEW AVE STE 206 BOISE ID 83702				
		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	CAROLE WHITELEATHER	1910 UNIVERSITY DRIVE	BOISE	ID	USA	83725-1565
DIRECTOR	JOHN LEGERSKI	807 N. 8TH ST.	BOISE	ID	USA	83702-1565
DIRECTOR	CYNTHIA CLINKINGBEARD	9402 BURNETT DR.	BOISE	ID	USA	83709-4014
DIRECTOR	BEATRICE E. ALLEN	2214 S. SHOSHONE	BOISE	ID	USA	83705-4014
PRESIDENT	LEONA JOANNE CHURCH	1655 W. FAIRVIEW AVE. SUITE 206	BOISE	ID	USA	83702-4045
5. Organized Under the Laws of: ID C 162740	6. Annual Report must be signed.* Signature: Ca Hepner Name (type or print): Ca Hepner		Date: 07/16/2012 Title: Business Manager			
Processed 07/16/2012		* Electronically provided signatures are accepted as original signatures.				