

No. C 147009		Due no later than Jan 31, 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. FAMILY HEALTH CENTER, INC. D. TY SMITH 49 GRANGEVILLE-SALMON RD GRANGEVILLE ID 83580 USA		D TY SMITH 49 GRANGEVILLE SALMON RD GRANGEVILLE ID 83530			
						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	
SECRETARY	CINDY L. SMITH	49 GRANGEVILLE SALMON RD	GRANGEVILLE	ID	USA	83530	
PRESIDENT	D. TY SMITH	49 GRANGEVILLE SALMON RD	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of: ID C 147009		6. Annual Report must be signed.* Signature: D. Ty Smith, D.O. Name (type or print): D. Ty Smith, D.O.					
Processed 11/11/2011		* Electronically provided signatures are accepted as original signatures. Date: 11/11/2011 Title: Pres					