No. <b>C 149269</b>		Due no later than May 31, 2011		2. Registered	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.  FRIENDSHIP CLINIC, INC. (THE)  MARIE BLANCHARD  704 S LATAH  BOISE ID 83705  USA		704 S LATA BOISE ID	MARIE BLANCHARD 704 S LATAH BOISE ID 83705  3. New Registered Agent Signature:*			
4. Corporations: Enter	r Names and Busin	ess Addresses o	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR MARIE BLANCHARD		ICHARD	704 SOUTH LATAH	BOISE	ID	USA	83705	
SECRETARY JUDY LONSDAL		DALE	2814 WEAVER CIRCLE	BOISE	ID	USA	83704	
PRESIDENT	IT DAWN WEILER		704 SOUTH LATAH	BOISE	ID	USA	83705	
TREASURER	ROBIN COOF	<	704 S. LATAH	BOISE	ID	USA	83705	
5. Organized Under the Laws of: 6. Annu		6. Annual Rep	ort must be signed.*					
ID C 149269		Signature: Marie Blanchard		D	Date: 03/15/2011			
		Name (type or print): Marie Blanchard		Т	Title: Excutive Director			
Processed 03/15/2011	* Electronically provided signatures are accepted as original signatures.							