| No. <b>C 90089</b>   |               | Due no later than Aug 31, 2011  | 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.  MOSCOW HEALTH CARE, INC.  KARA L BESST 700 S MAIN ST  MOSCOW ID 83843 | JEFFREY W MARTIN 700 S MAIN ST MOSCOW ID 83843  3. New Registered Agent Signature:* |       |         |             |
| 4. Corporations: Enter Na  | mes and Busin | ess Addresses of President, Secretary, and Directors. Treasurer   | (optional).   |       |         |             |
| Office Held  | Name          | Street or PO Address  | City  | State | Country | Postal Code |
| PRESIDENT KARA L BES   |               | ST 700 S MAIN ST  | MOSCOW  | ID    | USA     | 83843       |
| SECRETARY  | KARA BESST    | 700 S MAIN ST   | MOSCOW  | ID    | USA     | 83843       |
| DIRECTOR   | B J SWANS     | ON 600 S. JACKSON   | MOSCOW  | ID    | USA     | 83843       |
| DIRECTOR   | DEENA RAU     | CH 700 S MAIN ST  | MOSCOW  | ID    | USA     | 83843       |
| DIRECTOR   | JANIE NIRK    | 1010 S. BRINKEN   | POTLATCH  | ID    | USA     | 83855       |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*   |   |       |         |             |
| C 90089  |               | Signature: Becky Chavez   | Date: 06/29/2011  |       |         |             |
|  |               | Name (type or print): Becky Chavez  | Title: Administrative Assistant   |       |         |             |
| Processed 06/29/2011   |               | * Electronically provided signatures are accepted as original sign  | natures.  |       |         |             |