| No. <b>C 84240</b>   |                    | Due no later than Jun 30, 2010   |  | 2. Registered Ag   | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|--------------------|--|--|--|---|---------|-------------|--|
| Return to:   |                    | Annual Report Form   |  | JIM HIGGINS  |   |         |             |  |
| 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.                             |  | 10.000 10 | 2020 12TH AVE                               |         |             |  |
|  |                    | PREGNANCY CARE CENTER, INC. (THE) SCOTT MAYNES 2020 12TH AVE LEWISTON ID 83501 |  | LEWISTON ID 83501  3. New Registered Agent Signature:*   |   |         |             |  |
|  |                    |  |  | 3. INCOME REGISTER AGENT SIGNATURE.  |   |         |             |  |
| 4. Corporations: Ente  | er Names and Busin | ess Addresses of Pre   | sident, Secretary, and Directors. Treasure | er (optional).   |   |         |             |  |
| Office Held  | Name               |  | Street or PO Address                       | City   | State                                       | Country | Postal Code |  |
| TREASURER  | TOM SAFLE          | Y  | 4082 FAIRWAY DR                            | LEWISTON   | ID  | USA     | 83501       |  |
| SECRETARY WAYNE DAY  |                    |  | 1626 SWALLOWS CREST LOOP                   | CLARKSTON  | WA  | USA     | 99403       |  |
| DIRECTOR SCOTT MAY   |                    | NES  | 2813 11TH AVE                              | LEWISTON   | ID  | USA     | 83501       |  |
| PRESIDENT  | JIM HIGGINS        | 5  | 1744 VALLEY VIEW DR                        | CLARKSTON  | WA  | USA     | 99403       |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |  |  |   |         |             |  |
| ID<br>C 84240  |                    | Signature: Scott Maynes  |  | Date: 07/09/2010   |   |         |             |  |
|  |                    | Name (type or print): Scott Maynes   |  | Title: Executive Director  |   |         |             |  |
| Processed 07/09/20:  | 10                 | * Electronically prov  | ided signatures are accepted as original s | ignatures.   |   |         |             |  |