

No. <b>C 147009</b>		<b>Due no later than Jan 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  FAMILY HEALTH CENTER, INC. D. TY SMITH PO BOX 88 MCCAMMON ID 83250 USA		D TY SMITH 905 LOGAN ST MCCAMMON ID 83250			
						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	PO BOX 88	MCCAMMON	ID	USA	83250	
PRESIDENT	D. TY SMITH	PO BOX 88	MCCAMMON	ID	USA	83250	
5. Organized Under the Laws of:  <b>ID</b> <b>C 147009</b>		6. Annual Report must be signed.*  Signature: D. Ty Smith, D.O. Name (type or print): D. Ty Smith, D.O.					
		Date: 02/10/2014 Title: Agent					
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.					