

No. <b>C 191970</b>		<b>Due no later than Aug 31, 2012</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> MOSER COMMUNITY HEALTH CLINIC, INC. JOHN GAHL 108 GARDNER PL CASCADE ID 83611		JOHN GAHL 108 GARDNER PL CASCADE ID 83611			
				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	
DIRECTOR	JOHN GAHL	108 GARDNER PL	CASCADE	ID	USA	83611	
DIRECTOR	DIXIE HITT	PO BOX 1263	CASCADE	ID	USA	83611	
DIRECTOR	KAROLYN PLEHAL	PO BOX 662	CASCADE	ID	USA	83611	
5. Organized Under the Laws of: <b>ID C 191970</b>		6. Annual Report must be signed.* Signature: Karolyn Plehal Name (type or print): Karolyn Plehal Date: 06/19/2012 Title: Director					
Processed 06/19/2012		* Electronically provided signatures are accepted as original signatures.					