No. C 44290 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. COMMUNITY HEALTH CLINICS, INC. BARBARA KORN PO BOX 9		2. Registered Agent and Address (NO PO BOX) 211 16TH AVENUE NORTH NAMPA ID 83687 3. New Registered Agent Signature:*											
								I. Corporations: Ente	r Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasurer (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
								DIRECTOR	LUIS LAGOS		1905 TRUMAN ST.	NAMPA	ID	USA	83686
DIRECTOR	ABEL GRIMALDO		599 N. WHITEWATER PARK BLVD., APT. 101	BOISE	ID	USA	83702								
DIRECTOR	BEN CHANEY	(1750 WEST FRONT STREET STE. 150	BOISE	ID	USA	83702								
DIRECTOR	LINDY MAYNARD		412 4TH STREET	MELBA	ID	USA	83641								
DIRECTOR	ROSIE DELGADILLO REILLY		1210 WALNUT CREEK COURT	NAMPA	ID	USA	83686								
PRESIDENT	RECTOR DIANE MARKUS RECTOR HELEN CARTER		112 N. 4TH STREET WEST	HOMEDALE	ID	USA	83628								
DIRECTOR			P O BOX 850	CALDWELL	ID	USA	83605								
DIRECTOR			P O BOX 549	MIDDLETON	ID	USA	83644								
SECRETARY			P O BOX 850	CALDWELL	ID	USA	83606								
VICE PRESIDENT	ROGER AGUILAR		192 N. CAMPBELL AVENUE	MIDDLETON	ID	USA	83644								
DIRECTOR	JAMES DZUR, MD		208 WALNUT CREEK WAY	NAMPA	ID	USA	83686								
DIRECTOR	HUGO MOTA		42 N ELIJAH DR.	NAMPA	ID	USA	83651								
DIRECTOR	CINDY MUELLER		24431 HAWK LANE	MIDDLETON	ID	USA	83644								
DIRECTOR	FREDDY REAL		P O BOX 190352	BOISE	ID	USA	83719								
5. Organized Under the Laws of: 6. Annual Report		6. Annual Report m	ust be signed.*												
ID C 44290		Signature: Heidi Traylor		Date: 08/06/2014											
		Name (type or print): Heidi Traylor		Title: Executive Director											
Processed 08/06/2014	4	* Electronically prov	ided signatures are accepted as original signa	atures.											