

No. C 44290		Due no later than Sep 30, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. COMMUNITY HEALTH CLINICS, INC. BRIAN BALDWIN PO BOX 9 NAMPA ID 83653-0009		BRIAN BALDWIN 211 16TH AVENUE NORTH NAMPA ID 83687			
						3. <u>New Registered Agent Signature:</u> *	
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	MICHAEL BENEDICK, DDS	301 E. ASH STREET	CALDWELL	ID	USA	83606	
DIRECTOR	CHUCK KNOX	6281 STUMP LANE	STAR	ID	USA	83669	
DIRECTOR	BOB PFIFFER	304 16TH AVENUE NORTH	NAMPA	ID	USA	83687	
DIRECTOR	JEFF SHINN	10435 W. ALLIANCE	BOISE	ID	USA	83704	
DIRECTOR	ERIK JOHNSON	1104 BLAINE STREET	CALDWELL	ID	USA	83606	
DIRECTOR	ROSIE DELGADILLO REILLY	1210 WALNUT CREEK COURT	NAMPA	ID	USA	83686	
DIRECTOR	ROBYN PAGE	112 N. 4TH STREET WEST	HOMEDALE	ID	USA	83628	
SECRETARY	VIRGINIA REYNA-WALLING	P O BOX 850	CALDWELL	ID	USA	83606	
PRESIDENT	ROGER AGUILAR	192 N. CAMPBELL AVENUE	MIDDLETON	ID	USA	83644	
DIRECTOR	JAMES DZUR, MD	208 WALNUT CREEK WAY	NAMPA	ID	USA	83686	
VICE PRESIDENT	CINDY MUELLER	24431 HAWK LANE	MIDDLETON	ID	USA	83644	
DIRECTOR	FREDDY REAL	P O BOX 190352	BOISE	ID	USA	83719	
DIRECTOR	LUIS LAGOS	1905 TRUMAN ST.	NAMPA	ID	USA	83686	
DIRECTOR	BEN CHANEY	1750 WEST FRONT STREET STE. 150	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 44290		6. Annual Report must be signed.* Signature: BRIAN Name (type or print): BRIAN					
Processed 09/01/2015		Date: 09/01/2015 Title: BALDWIN * Electronically provided signatures are accepted as original signatures.					