

No. <b>C 153224</b>		<b>Due no later than Feb 28, 2010</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> HEALTHWORKS FAMILY CENTER INC. MELISSA A VOGEL PO BOX 123 SODA SPRINGS ID 83276		MELISSA A VOGEL 95 E. HOOPER AVE. SODA SPRINGS ID 83276		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	DOUG P VOGEL	95 E. HOOPER AVE.	SODA SPRINGS	ID	USA	83276	
5. Organized Under the Laws of:  <b>ID C 153224</b>		6. Annual Report must be signed.* Signature: Doug Vogel Name (type or print): Doug Vogel Date: 12/19/2009 Title: Secretary-Treasurer					
Processed 12/19/2009		* Electronically provided signatures are accepted as original signatures.					