No. C 114085		Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. BLACKFOOT MEDICAL CLINIC HOME CARE, INC. WINSTON BEARD 2105 CORONADO IDAHO FALLS ID 83404		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BLACKFOOT WINSTON E 2105 CORON			JAMES M MARRIOTT 625 W PACIFIC BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
200 90 N	Business Addresses o	of President, Secretary, and Directors. Treasu		Class	C	De stal Carla		
Office Held Name SECRETARY GREGOR	Y C CALDER	Street or PO Address 2105 CORONADO STREET	City IDAHO FALLS	State	Country	Postal Code 83404		
	ON V BEARD	2105 CORONADO STREET 2105 CORONADO STREET	IDAHO FALLS	ID ID	USA USA	83404		
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: \	Signature: Winston V. Beard			Date: 03/24/2010			
C 114085	Name (type	Name (type or print): Winston V. Beard			Title: President			
Processed 03/24/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.						