

No. C 69116		Due no later than Feb 28, 2013 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. FAMILY HEALTH SERVICES CORPORATION ROBYN WALKER 794 EASTLAND DR TWIN FALLS ID 83301 USA		LYNN HUDGENS 794 EASTLAND DR TWIN FALLS ID 83301			
						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	WILLIAM STOLTZFUS	3694 NORTH 1400 EAST	BUHL	ID	USA	83316	
DIRECTOR	JARED HEWARD	1045 ARROW WOOD COURT	TWIN FALLS	ID	USA	83301	
VICE PRESIDENT	JOHN VARIN	PO BOX 190	FAIRFIELD	ID	USA	83327-0190	
PRESIDENT	MELODY LEFLER	PO BOX 193	FAIRFIELD	ID	USA	83327-0193	
SECRETARY	SALLY BOEPPLER	309 E AVENUE D	JEROME	ID	USA	83338-3125	
DIRECTOR	MAXINE BELL	194 S 300 E	JEROME	ID	USA	83338-6532	
DIRECTOR	SANDY ANDERSON	517 N 7TH	BUHL	ID	USA	83316-1103	
DIRECTOR	MARTA HERNANDEZ	701 E. 16TH ST.	BURLEY	ID	USA	83318-2024	
DIRECTOR	BONNIE HOAG	P.O. BOX 468	TWIN FALLS	ID	USA	83303-0468	
DIRECTOR	LINDA BRUGGER	926 CYPRESS WAY	TWIN FALLS	ID	USA	83301-0468	
5. Organized Under the Laws of: ID C 69116		6. Annual Report must be signed.* Signature: Robyn Walker Name (type or print): Robyn Walker					
		Date: 12/21/2012 Title: Executive Assistant					
Processed 12/21/2012 * Electronically provided signatures are accepted as original signatures.							