

No. C 149269		Due no later than May 31, 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. FRIENDSHIP CLINIC, INC. (THE) YVONNA ROWETT 704 S LATAH BOISE ID 83705 USA		MARIE BLANCHARD 704 S LATAH BOISE ID 83705-1547			
						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	
VICE PRESIDENT	MARGARET LEAHY	1913 BEDFORD DRIVE	BOISE	ID	USA	83705	
SECRETARY	JUDY LONSDALE	2814 WEAVER CIRCLE	BOISE	ID	USA	83704	
TREASURER	ROBIN COOK	5600 SOUTH FIVE MILE COURT	BOISE	ID	USA	83671	
DIRECTOR	MARIE BLANCHARD	704 SOUTH LATAH	BOISE	ID	USA	83705	
PRESIDENT	DAWN WEILER	3918 SOUTH CHICAGO STREET	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID C 149269		6. Annual Report must be signed.* Signature: Yvonna Rowett Name (type or print): Yvonna Rowett					
		Date: 05/27/2015 Title: Office Admin.					
Processed 05/27/2015		* Electronically provided signatures are accepted as original signatures.					