

No. C 69116		Due no later than Feb 28, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY HEALTH SERVICES CORPORATION CHAIRPERSON 794 EASTLAND DR TWIN FALLS ID 83301		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	JOHN VARIN	PO BOX 190	FAIRFIELD	ID	USA	83327-0190
TREASURER	STEVE PETERSON	PO BOX 5827	TWIN FALLS	ID	USA	83303-5827
DIRECTOR	NOEL MORFIN	1260 EVERGREEN DR.	TWIN FALLS	ID	USA	83301-3419
SECRETARY	MELODY LEFLER	PO BOX 193	FAIRFIELD	ID	USA	83327-0193
DIRECTOR	ESPERANZA GERHARDT	461 BOUCK ROAD	BURLEY	ID	USA	83318-5035
DIRECTOR	SALLY BOEPPLE	309 E AVENUE D	JEROME	ID	USA	83338-3125
DIRECTOR	MAXINE BELL	194 S 300 E	JEROME	ID	USA	83338-6532
DIRECTOR	CHAR BASILA	214 CEDAR PARK CIRCLE	TWIN FALLS	ID	USA	83301-8911
DIRECTOR	SANDY ANDERSON	517 N 7TH	BUHL	ID	USA	83316-1103
DIRECTOR	WENDIE MUNOZ	PO BOX 306	PAUL	ID	USA	83347-0306
DIRECTOR	CANDY ATKINS	1301 E 4150 N	BUHL	ID	USA	83316-5516
PRESIDENT	MARTA HERNANDEZ	701 E. 16TH ST.	BURLEY	ID	USA	83318-2024
5. Organized Under the Laws of: ID C 69116		6. Annual Report must be signed.* Signature: Dawn Zeigler Name (type or print): Dawn Zeigler Date: 12/23/2010 Title: Executive Assistant				
Processed 12/23/2010		* Electronically provided signatures are accepted as original signatures.				