

No. C 164776		Due no later than Jan 31, 2007		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 FIRST HEALTH CENTERS, INC. PO BOX 715 POCATELLO ID 83204		SYLVIA RIFE 200 S MAIN STE 1 POCATELLO ID 83204			
				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	
PRESIDENT	SYLVIA RIFE	431 RANDOLPH	POCATELLO	ID	USA	83201	
SECRETARY	JERRY KNOUF	40256 ROAD 40	DINUBA	CA	USA	93618	
5. Organized Under the Laws of: IDAHO C 164776		6. Annual Report must be signed.* Signature: Jerry Knouf Name (type or print): Jerry Knouf Date: 11/09/2006 Title: Secretary					
Processed 11/09/2006		* Electronically provided signatures are accepted as original signatures.					