

No. <b>C 165598</b>		<b>Due no later than Mar 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> TWIN FALLS HEALTH INITIATIVES TRUST, LTD. MISTI CHARTERS PO BOX 5529 TWIN FALLS ID 83303-5529 USA		THOMAS M ROBERTSON 156 2ND AVE W 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	KELSIE ROBINSON	PO BOX 5529	TWIN FALLS	ID	USA	83303
PRESIDENT	TERRY MCCURDY	393 EASTLAND DR. SO.	TWIN FALLS	ID	USA	83301
DIRECTOR	JAY DODDS	383 SHOSHONE STREET N.	TWIN FALLS	ID	USA	83301
VICE PRESIDENT	RENE LEBLANC	1020 WASHINGTON ST. N.	TWIN FALLS	ID	USA	83301-1074
DIRECTOR	JEFF BLICK	139 RIVER VISTA PLACE STE 202	TWIN FALLS	ID	USA	83301-1074
DIRECTOR	JOHN HATHAWAY	601 POLE LINE ROAD	TWIN FALLS	ID	USA	83301-1074
SECRETARY	PRISCILLA MARTENS	3971 NORTH 1400 EAST	BUHL	ID	USA	83316-1074
DIRECTOR	LETICIA HERNANDEZ	1451 LOCUST STREET N	TWIN FALLS	ID	USA	83301-1074
DIRECTOR	LEON MILLS	425 SHOSHONE ST. NORTH	TWIN FALLS	ID	USA	83301
TREASURER	MARK BRADY	722 N COLLEGE RD # A	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID C 165598</b>		6. Annual Report must be signed.* Signature: Misti Charters Name (type or print): Misti Charters  Date: 03/12/2013 Title: Admin Asst				
Processed 03/12/2013		* Electronically provided signatures are accepted as original signatures.				