No. C 149269		Due no later than May 31, 2014		2. Registered A	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. FRIENDSHIP CLINIC, INC. (THE) YVONNA ROWETT 704 S LATAH BOISE ID 83705 USA		704 S LATA BOISE ID	MARIE BLANCHARD 704 S LATAH BOISE ID 83705-1547 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasure	er (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 LONSE		ALE	2814 WEAVER CIRCLE	BOISE	ID	USA	83704	
TREASURER ROBIN COOK		<	5600 SOUTH FIVE MILE COURT	BOISE	ID	USA	83671	
DIRECTOR MARIE BLAN		ICHARD	704 SOUTH LATAH	BOISE	ID	USA	83705	
PRESIDENT	DAWN WEILER		3918 SOUTH CHICAGO STREET	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Yvonna Rowett		Date: 05/07/2014				
C 149269		Name (type or print): Yvonna Rowett		Title: Office Administrator				
Processed 05/07/2014 * Electronically provided signatures are accepted as original signatures.								