

No. C 153724	Due no later than March 31, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable J.C. HEALTH CARE OF BOISE, INC. 622 FILER AVE WEST TWIN FALLS, ID 83301		JAMES R LYNCH 622 FILER AVE WEST TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature																	
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>James Lynch</td> <td>622 Filer Av. W.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec.</td> <td>Cathy Lynch</td> <td>622 Filer Ave.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	James Lynch	622 Filer Av. W.	Twin Falls	ID	83301	Sec.	Cathy Lynch	622 Filer Ave.	Twin Falls	ID
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
President	James Lynch	622 Filer Av. W.	Twin Falls	ID	83301															
Sec.	Cathy Lynch	622 Filer Ave.	Twin Falls	ID	83301															
5. Organized Under the Laws of: IDAHO C 153724	6. Signature <u>Cathy Lynch</u> Date <u>1-17-06</u> Name (Typed or Printed) <u>Cathy Lynch</u> Title <u>Sec.</u>																			

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