

No. 069116 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987 1. Mailing Address — Please Correct 069116 FAMILY HEALTH SERVICES CORPORATI ... PO BOX 731 TWIN FALLS, IDAHO 83301	2. Registered Agent and Office PEGGY LARRAGAN 542 MAIN AVENUE SOUTH TWIN FALLS, IDAHO 83301 ENTERED 3. Incorporated Under The Laws of JUL 14 1987 STATE OF IDAHO																																													
4. Names and Addresses of Officers and Directors Chairperson: President Peggy Larragan Secretary: Sandy Nevarez Director Vice Chairperson: Mike Phillips Directors: Leonardo Puente Irma Salinas Carlos Meza Blue Brown Susie Rios <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>Rt 2 Box 188 D</td> <td>Buhl</td> <td>Id</td> <td>83316</td> <td></td> </tr> <tr> <td>PO Box 492</td> <td>Buhl</td> <td>Id</td> <td>83316</td> <td></td> </tr> <tr> <td>Rt 1 Box 269 A</td> <td>Wendell</td> <td>Id</td> <td>83355</td> <td></td> </tr> <tr> <td>406 Gardner #3 A</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> <td></td> </tr> <tr> <td>241 S. Washington</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> <td></td> </tr> <tr> <td>191 Polk</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> <td></td> </tr> <tr> <td>PO Box G</td> <td>Rupert</td> <td>Id</td> <td>83350</td> <td></td> </tr> <tr> <td>2608 Fairmont</td> <td>Burley</td> <td>Id</td> <td>83318</td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	Rt 2 Box 188 D	Buhl	Id	83316		PO Box 492	Buhl	Id	83316		Rt 1 Box 269 A	Wendell	Id	83355		406 Gardner #3 A	Twin Falls	Id	83301		241 S. Washington	Twin Falls	Id	83301		191 Polk	Twin Falls	Id	83301		PO Box G	Rupert	Id	83350		2608 Fairmont	Burley	Id	83318	
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5. Nature of Business Primary Health Care	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Peggy Larragan</u> Name (Typed or Printed) <u>Peggy Larragan</u> Date <u>July 1, 1987</u> Title <u>Chairperson</u>																																														

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