

No. C 68938		Due no later than Jan 31, 2012		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. GLENNS FERRY HEALTH CENTER, INC. LESLYN PHELPS P. O. BOX 266 GLENNS FERRY ID 83623-0266 USA		LESLYN PHELPS 486 WEST FIRST AVENUE GLENNS FERRY ID 83623-0266	
				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	NICK SCHILZ	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
DIRECTOR	ALVIN POWERS	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
DIRECTOR	CECIL MEYERS	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
SECRETARY	LENORE JONES	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
DIRECTOR	JOSE GUERRERO	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
DIRECTOR	DAVID TINDALL	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
TREASURER	PAUL SHRUM	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
PRESIDENT	VICKI SMITH	PO BOX 266	GLENNS FERRY	ID	USA 83623-0266
DIRECTOR	PATTY VILLAVISCENCIO	PO BOX 266	GLENNS FERRY	ID	USA 83623
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID C 68938		Signature: Leslyn Phelps Name (type or print): Leslyn Phelps		Date: 12/15/2011 Title: Ceo	
Processed 12/15/2011		* Electronically provided signatures are accepted as original signatures.			