

No. C 170802		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. FAMILY FIRST HEALTH CENTER OF REXBURG, INC. ROSMARY H BROWN 859 S YELLOWSTONE ST. 1101 REXBURG ID 83440 USA		ROSEMARY H BROWN 836 N 2900 E CHESTER ID 83421	
				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
PRESIDENT	ROSEMARY H BROWN	859 SOUTH YELLOWSTONE SUITE 1101	REXBURG	ID	USA 83440
5. Organized Under the Laws of: ID C 170802		6. Annual Report must be signed.* Signature: Rosemary Brown Name (type or print): Rosemary Brown Date: 02/11/2012 Title: President			
Processed 02/11/2012		* Electronically provided signatures are accepted as original signatures.			