


No. <b>C 162740</b>	<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LEONA JOANNE CHURCH 1655 W FAIRVIEW AVE STE 206 BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> NORTH END CHILDREN'S HEALTH CLINIC, INC. DR. A CHURCH 1655 W FAIRVIEW AVE STE 206 BOISE ID 83702		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	CAROLE WHITELEATHER	1910 UNIVERSITY DRIVE	BOISE	ID	USA	83725-1565
DIRECTOR	JOHN LEGERSKI	807 N. 8TH ST.	BOISE	ID	USA	83702-1565
DIRECTOR	CYNTHIA CLINKINGBEARD	9402 BURNETT DR.	BOISE	ID	USA	83709-4014
DIRECTOR	BEATRICE E. ALLEN	2214 S. SHOSHONE	BOISE	ID	USA	83705-4014
PRESIDENT	LEONA JOANNE CHURCH	1655 W. FAIRVIEW AVE. SUITE 206	BOISE	ID	USA	83702-4045

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              C 162740           </div>	6. Signature:  <hr/> Name (type or print): <u>C A HEPNER</u> <div style="text-align: right; margin-top: 10px;">         Date: <u>9/2/15</u>          Title: <u>Bus. Mgr</u> </div>
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM