No.	Vo. C 68938			Due no later than January 31, 2008 Annual Report Form			istered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF			1. Mailing Address - Correct in this box, if applicable GLENNS FERRY HEALTH CENTER, INC. LESLYN PHELPS P. O. BOX 266 GLENNS FERRY ID 83623				LYN PHELPS WEST FIRST AVENUE		
						GLENNS FERRY, ID 83623 3. New Registered Agent Signature			
				o. 140			Triogistored rigorit organization		
RECEIVE	ED BY D	UE DATE							
4. Co	orporatio	ns: Enter Na	mes and	Business Addresses of	President, Secreta	ary and	Directors.		
Office	held	Name		Street or P.O. Address	City	·	State	<u>Zip</u>	
Pres:	ident	Linda Tor	rez	PO Box 266	Glenns 1	Ferry	ID	83623	
V Pre	esiden	t Bruce Be	dell	PO Box 266	Glenns 1		ID	83623	
Secre	etary	Vicki Smi	th	PO Box 266	Glenns	-		83623	
				PO Box 266	Glenns 1	Ferry	ID	83623	
Direc	ctor	Jose Guer	rero	PO Box 266			ID	83623	
Direc	ctor	Lenore Jo	nes	PO Box 266	Glenns 1	Ferry	ID	83623	
Direc	ctor	Cecil Mey	rers	PO Box 266	Glenns 1	Ferry	ID	83623	
Direc	ctor	Alvin Pov	/ers	PO Box 266	Glenns 1	Ferry	ID	83623	
Direc	ctor	Nick Schi	.1z	PO Box 266	Glenns 1	Ferry	ID	83623	
			<u>ıdall</u>	PO Box 266	Glenns	Terry	ID	83623	
i. Organize		the Laws of:		6.	. (-)				
IDAHO C 68938				Signature Signature			Date11-14-07		
				Name (Typed or Lesly)	n Phelps		. TitleCEC)	
Issued 11/01/2007				Do Not Tape or Staple			200801000688		