No. **C 170802**	**Due no later than Jan 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** FAMILY FIRST HEALTH CENTER OF REXBURG, INC. ROSMARY H BROWN 859 SO YELLOWSTONE #1101 REXBURG ID 83440 USA	ROSEMARY H BROWN 859 S YELLOWSTONE STE 1101 REXBURG ID 83440 3. New 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:	6. Annual Report must be signed.*	
ID **C 170802**	Signature: rosemary Brown	Date: 12/13/2010
	Name (type or print): rosemary Brown	Title: President

Processed 12/13/2010

* Electronically provided signatures are accepted as original signatures.