

No. C 165598		Due no later than Mar 31, 2010 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. TWIN FALLS HEALTH INITIATIVES TRUST, LTD. KATE COINER, CPA PO BOX 525 TWIN FALLS ID 83303-0525		THOMAS M ROBERTSON 156 2ND AVE W TWIN FALLS ID 83301		
				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	JEFF BLICK	139 RIVER VISTA PLACE STE 202	TWIN FALLS	ID	USA	83301
DIRECTOR	JOHN HATHAWAY	601 POLE LINE ROAD	TWIN FALLS	ID	USA	83301
SECRETARY	PRISCILLA MARTENS	3971 NORTH 1400 EAST	BUHL	ID	USA	83316
DIRECTOR	TERRY MCCURDY	393 EASTLAND DR. SO.	TWIN FALLS	ID	USA	83301
TREASURER	JAY DODDS	383 SHOSHONE STREET N.	TWIN FALLS	ID	USA	83301
DIRECTOR	JAMIE KELLEY-KINYON	PO BOX 1238	TWIN FALLS	ID	USA	83303-1238
DIRECTOR	ROBERT VALENTINE	PO BOX 1074	TWIN FALLS	ID	USA	83303-1074
DIRECTOR	PATTY KLEINKOPF	794 EASTLAND DR.	TWIN FALLS	ID	USA	83301-1074
PRESIDENT	RENE LEBLANC	1020 WASHINGTON ST. N.	TWIN FALLS	ID	USA	83301-1074
DIRECTOR	TOM MIKESELL	PO BOX 126	TWIN FALLS	ID	USA	83303-0126
5. Organized Under the Laws of: ID C 165598		6. Annual Report must be signed.* Signature: Kate Coiner Name (type or print): Kate Coiner				
		Date: 03/04/2010 Title: Cpa				
Processed 03/04/2010		* Electronically provided signatures are accepted as original signatures.				