

No. C 164776		Due no later than Jan 31, 2008		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 CENTERS, INC. 190 W BURNSIDE, SUITE C CHUBBUCK ID 83202		SYLVIA RIFE 200 S MAIN STE 1 POCATELLO ID 83204			
				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	SYLVIA RIFE	431 RANDOLPH	POCATELLO	ID	USA	83201	
SECRETARY	JERRY KNOUF	2286 GALE DRIVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 164776		6. Annual Report must be signed.* Signature: Lori Marshall Name (type or print): Lori Marshall					
		Date: 12/03/2007 Title: Bookkeeper					
Processed 12/03/2007		* Electronically provided signatures are accepted as original signatures.					