

No. C 170802	Due no later than Jan 31, 2013 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 PO BOX 177 CHESTER ID 83421 USA		ROSEMARY H BROWN 836 N 2900 E CHESTER ID 83421			
			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	ROSEMARY H BROWN	PO BOX 177	CHESTER	ID	USA	83421
5. Organized Under the Laws of: ID C 170802		6. Annual Report must be signed.* Signature: Rosemary Brown Name (type or print): Rosemary Brown		Date: 11/17/2012 Title: President		
Processed 11/17/2012		* Electronically provided signatures are accepted as original signatures.				