No. **C 114085**	**Due no later than Mar 31, 2012** **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.** BLACKFOOT MEDICAL CLINIC HOME CARE, INC. WINSTON BEARD 2105 CORONADO IDAHO FALLS ID 83404	JAMES M MARRIOTT 625 W PACIFIC BLACKFOOT ID 83221 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
SECRETARY	GREGORY C CALDER	2105 CORONADO STREET	IDAHO FALLS	ID	USA	83404
PRESIDENT	WINSTON V BEARD	2105 CORONADO STREET	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 114085**	Signature: Winston V. Beard	Date: 06/01/2012
	Name (type or print): Winston V. Beard	Title: President

Processed 06/01/2012

* Electronically provided signatures are accepted as original signatures.