

No. C 84240		Due no later than Jun 30, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PREGNANCY CARE CENTER, INC. (THE) SCOTT MAYNES 2020 12TH AVE LEWISTON ID 83501		JIM HIGGINS 2020 12TH AVE LEWISTON ID 83501		
				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
TREASURER	TOM SAFLEY	4082 FAIRWAY DR	LEWISTON	ID	USA	83501
SECRETARY	PATTI MCFARLAND	1014 RICHARDSON AVE.	LEWISTON	ID	USA	83501
DIRECTOR	SCOTT MAYNES	2813 11TH AVE	LEWISTON	ID	USA	83501
PRESIDENT	JIM HIGGINS	1744 VALLEY VIEW DR	CLARKSTON	WA	USA	99403
5. Organized Under the Laws of: ID C 84240		6. Annual Report must be signed.* Signature: Scott Maynes Name (type or print): Scott Maynes Date: 06/20/2011 Title: Executive Director				
Processed 06/20/2011		* Electronically provided signatures are accepted as original signatures.				