

No. C 153725	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. J.C. HEALTH CARE, INC. JAMES R LYNCH 146 DUBOIS TWIN FALLS ID 83301		JAMES R LYNCH 146 DUBOIS 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
PRESIDENT	JAMES R LYNCH	146 DUBOIS	TWIN FALLS	ID	USA	83301
SECRETARY	CATHY R LYNCH	146 DUBOIS	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 153725	6. Annual Report must be signed.* Signature: James Lynch Name (type or print): James Lynch		Date: 02/22/2010 Title: President			
Processed 02/22/2010		* Electronically provided signatures are accepted as original signatures.				