No. C 69116 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Feb 28, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY HEALTH SERVICES CORPORATION CHAIRPERSON 794 EASTLAND DR TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
				LYNN HUDGENS 794 EASTLAND DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
4. Corporations: Enter	Names and Busin	ess Addresses of Pi	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JOHN VARIN	J	PO BOX 190	FAIRFIELD	ID	USA	83327-0190	
DIRECTOR	JODY TREM		4085 N MEADOWRIDGE CIRCLE	TWIN FALLS	ID	USA	83301	
DIRECTOR			PO BOX 5827	TWIN FALLS	ID	USA	83303-5827	
DIRECTOR NOEL MORF		IN	1260 EVERGREEN DR.	TWIN FALLS	ID	USA	83301-3419	
DIRECTOR	RECTOR MELODY LE		PO BOX 193	FAIRFIELD	ID	USA	83327-0193	
DIRECTOR ESPERANZA		GERHARDT	461 BOUCK ROAD	BURLEY	ID	USA	83318-5035	
DIRECTOR SALLY BOEF		PPLE 309 E AVENUE D	309 E AVENUE D	JEROME	ID	USA	83338-3125	
DIRECTOR MAXINE BEL		L	194 S 300 E	JEROME	ID	USA	83338-6532	
DIRECTOR CHAR BASIL		.A	214 CEDAR PARK CIRCLE	TWIN FALLS	ID	USA	83301-8911	
DIRECTOR SANDY AND		ERSON	517 N 7TH	BUHL	ID	USA	83316-1103	
TREASURER WENDIE MUNOZ		NOZ	PO BOX 306	PAUL	ID	USA	83347-0306	
SECRETARY	CANDY ATKINS		1301 E 4150 N	BUHL	ID	USA	83316-5516	
PRESIDENT	MARTA HER	NANDEZ	701 E. 16TH ST.	BURLEY	ID	USA	83318-2024	
5. Organized Under the Laws of: 6. Annual		6. Annual Report i	Annual Report must be signed.*					
ID C 69116		Signature: Dawn Zeigler		Date: 01/05/2010				
		Name (type or print): Dawn Zeigler		Title: Executive Assistant				
Processed 01/05/2010		* Electronically provided signatures are accepted as original signatures.						