No. C 44290 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 Sep 30, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. COMMUNITY HEALTH CLINICS, INC. BARBARA KORN		2. Registered Agent and Address (NO PO BOX) BARBARA KORN 211 16TH AVENUE NORTH NAMPA ID 83657 3. New Registered Agent Signature:*									
								PO BOX 9					
								NAMPA ID 83653-0009					
		4. Corporations: Ent	er Names and Busin							ess Addresses of Pre	sident, Secretary, and Directors. Treasurer	(optional).	
		Office Held	Name						Street or PO Address	City	State	Country	Postal Code
		DIRECTOR	SISTER MAU					RA CLARK	2007 IVY STREET	NAMPA	ID	USA	83686
DIRECTOR	DIANE MARK	KUS	920 MAIN STREET	CALDWELL	ID	USA	83605						
PRESIDENT	THERESA LU	JNSTRUM	1003 14TH AVE. SOUTH	NAMPA	ID	USA	83651						
DIRECTOR	MIKE DUGGA		119 S. POWERLINE ROAD	NAMPA	ID	USA	83686						
DIRECTOR	MICHAEL CU	JNNINGTON, DDS	355 WEST IOWA AVENUE	NAMPA	ID	USA	83656						
DIRECTOR	FRED HELPE	NSTELL, MD	11302 COYOTE COVE	NAMPA	ID	USA	83686						
DIRECTOR	LINDA KAISER		412 N SUGAR STREET	NAMPA	ID	USA	83687						
DIRECTOR	MARGARET HENBEST		6441 PLANTATION DRIVE	BOISE	ID	USA	83703						
DIRECTOR	CHARLES MARSH, MD		2537 N SILVERLEAF WAY	MERIDIAN	ID	USA	83642						
DIRECTOR	CAROLYN CALOMENI		621 RESERVE STREET	BOISE	ID	USA	83712						
DIRECTOR	JAZMIN MENDEZ		192 E. HAWK OWL ROAD	KUNA	ID	USA	83634						
DIRECTOR	LUIS URIAS		623 11TH AVENUE SOUTH	NAMPA	ID	USA	83651						
DIRECTOR	ROSIE DELGADILLO REILLY		1210 WALNUT CREEK COURT	NAMPA	ID	USA	83686						
DIRECTOR	BOB RING, MD		3975 E. CLOCKTOWER LANE, APT.	MERIDIAN	ID	USA	83642						
DIRECTOR	VALERIE STEFFEN, PH.D.		3956 E. ASPEN HILLS COURT	BOISE	ID	USA	83706						
DIRECTOR	ROBYN PAGE		P O BOX 1176	HOMEDALE	ID	USA	83628						
DIRECTOR	DIRECTOR ERIK JOHNSON		708 MAIN STREET, 2ND FLOOR PO BOX 1116	CALDWELL	ID	USA	83606						
5. Ourseits d. 11. 10.	H 1	C Annual Bass I											
5. Organized Under the Laws of:		6. Annual Report must be signed.*											
ID C 44290		Signature: Barbara Korn		Date: 09/16/2009									
		Name (type or pr	Title: Chief Financial Officer										
Processed 09/16/2009		* Electronically provided signatures are accepted as original signatures.											