

No. C 147009		Due no later than Jan 31, 2016		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		D TY SMITH 905 LOGAN ST MCCAMMON ID 83250			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		FAMILY HEALTH CENTER, INC. D. TY SMITH PO BOX 88 MCCAMMON ID 83250					
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	CINDY L. SMITH	PO BOX 88	MCCAMMON	ID	USA	83250	
PRESIDENT	D. TY SMITH	PO BOX 88	MCCAMMON	ID	USA	83250	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 147009		Signature: D. Ty Smith			Date: 11/20/2015		
		Name (type or print): D. Ty Smith			Title: President		
Processed 11/20/2015		* Electronically provided signatures are accepted as original signatures.					