No. C 84240		Due no later than Jun 30, 2013			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nan	mes and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
VICE PRESIDENT SECRETARY TREASURER DIRECTOR	ARLIE RUDY CRAIG EMERSON CRAIG EMERSON SCOTT MAYNES		1128 LINDEN DR 222 N. PROSPECT BLVD 222 N. PROSPECT BLVD 2813 11TH AVE		LEWISTON LEWISTON LEWISTON LEWISTON	ID ID ID ID	USA USA USA USA	83501 83501 83501 83501
PRESIDENT	JIM HIGGINS		1744 VALLEY VIEW DR		CLARKSTON	WA	USA	99403
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Scott Maynes			Date: 06/12/2013			
C 84240		Name (type or print): Scott Maynes			Title: Executive Director			
Processed 06/12/2013 * Electronically provided signatures are accepted as original signatures.								