| No. C 136962 | D | ue no later than Dec 31, 2008 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|--|---|---------|-------------|--|
| Return to: | Annual Report Form | | AND THE RESERVE AND THE PROPERTY OF THE PERSON OF THE PERS | MARK S AMMON 800 PARK BLVD STE 760 BOISE ID 83712 | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | PRIMARY HEALTH MEDICAL GROUP, INC. MARNIE S PACKARD 800 PARK BLVD STE 760 BOISE ID 83712 | | 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and Bus | iness Addresses of | President, Secretary, and Directors. Treasu | rer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT ELWOOD | RESIDENT ELWOOD I KLEAVER | | BOISE | ID | USA | 83712 | |
| SECRETARY DAVID SEI | F | 800 PARK BLVD. STE. 760 | BOISE | ID | USA | 83712 | |
| TREASURER MARK AMI | 10NS | 800 PARK BLVD. STE. 760 | BOISE | ID | USA | 83712 | |
| 5. Organized Under the Laws of: 6. Annual Report | | rt must be signed.* | | | | | |
| ID Signature: Ma | | larnie Packard | Date: 10/24/2008 | | | | |
| C 136962 Name (type | | or print): Marnie Packard | Title: Compliance Officer | | | | |
| Processed 10/24/2008 | * Electronically provided signatures are accepted as original signatures. | | | | | | |