

No. C 68708	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX HUGH PHILLIPS 1441 N.E. 10TH AVE PAYETTE ID 83661	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct VALLEY FAMILY HEALTH CARE, I HUGH PHILLIPS 1441 N.E. 10TH AVE PAYETTE ID 83661		3. Organized Under the Laws of: ID C 68708	
* FIRST NOTICE *				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Chairperson	Roger Van Zelf	744 Columbia Ave	Nyssa	OR 97913
Secretary	Tina Alvarado	424 Noble Rd	Ontario	OR 97914
Executive Director	Hugh Phillips	25701 Market Rd	Parma	ID 83660
5. NATURE OF BUSINESS PRIMARY HEALTH CARE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Rigmar Wilson</i></u> Date <u>7/23/96</u> Name (Typed or Printed) <u>Rigmar Wilson</u> Title <u>Admin. Assistant</u>		
ISSUED: 07-06-1996		15922		