Annual Report Form 2 Registered Agent and Office NOT A P O BOX \(^1\) No. C 68708 1997 Due No Later Than November 30, HuGH Return to: PHILLIPS Mailing Address Please Correct, If Not Correct SECRETARY OF STATE 1441 N.E. 10TH AVE 700 WEST JEFFERSON VALLEY FAMILY HEALTH CARE, I PO BOX 83720 **PHILLIPS** PAYETTE 83661 BOISE, ID 83720-0080 HUGH I D 1441 N.E. 10TH AVE **NO FEE REQUIRED** 3 Organized Under the Laws of FIRST NOTICE + PAYETTE Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of . Managers or ☐ Members (check one) Office held Name Street or P.O. Address City State Zip Chairperson Roger VanZelf 744 Columbia Ave Nyssa Or97913 Sec/Treasurer Tina Alvarado 424 Noble Road Ontario 0r97914 97913 Member Carlos Hernandez 801 Ehrgood Ave Nvssa 0r373 Perry Drive 83661 Member Sandra Pagoaga Payette Id 83661 Member Debbie Knighten 8931 Solterbeck Lane Payette IdLee Ruiz 97914 Member 521 Imperial Ave Ontario 0rMember Diego Castellanoz 113 Ehrgood Ave Nyssa 97913 Or211 N.W. 5th Street 97914 Member Joni Delgado Ontario 0r 5. 6. Date July 17, 1997 Name (Typed or Hugh W. Phillips Title Executive Director ISSUED 07-04-1997 16658 DO NOT TAPE OR STAPLE