No. C 146949		Due no later than Dec 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. PARAMOUNT HEALTH CARE, INC. PO BOX 7156 BOISE ID 83707-1156			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				GREGORY A BYRON THORNTON BYRON LLP 3101 W MAIN STE 200 BOISE 83702 3. New Registered Agent Signature:*				
4. Corporations: Enter N	lames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Tre	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	DOUGLAS JA	AYO	1323 S. FIVE MILE ROAD		BOISE	ID	USA	83709
SECRETARY	CAMERON J	AYO	1323 S. FIVE MILE ROAD		BOISE	ID	USA	83709
DIRECTOR DOUGLAS JA		AYO	1323 S. FIVE MILE ROAD		BOISE	ID	USA	83709
DIRECTOR	SIRECTOR CAMERON JAY		1323 S. FIVE MILE ROAD		BOISE	ID	USA	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 146949		Signature: Gregory A. Byron			Date: 12/03/2014			
		Name (type or print): Gregory A. Byron			Title: Registered Agent			
Processed 12/03/2014		* Electronically provide	ed signatures are accepted as orig	ginal signa	atures.			