

No. C 127618

Due no later than February 29, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box if applicable

PRIMARY CARE SPECIALISTS, P.A.
RICHARD MAYNARD, D.O.
500 S 11TH
POCATELLO, ID 83201MARK MANSFIELD
500 S 11TH
POCATELLO, ID 83201NO FILING FEE IF
RECEIVED BY DUE DATE

3. New/Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

Pres	Richard Maynard D.O.	500 S. 11th #303	Pocatello	ID	83201
V.P	Mark Mansfield MD.	"	"	"	"
Sec	Mark Mansfield MD.	"	"	"	"
Treas	Richard Maynard D.O.	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 127618

6.

Signature

Date

Name

(Typed or Printed)

Title

Issued 12/03/2007

Do Not Tape or Staple

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