No. <b>C 71228</b>		Due no later than Nov 30, 2013	Registered Agent and Address (NO PO BOX)     TOM FRONK			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.	1087 W RIVER ST STE 160 BOISE ID 83702-7024  3. New Registered Agent Signature:*			
		IDAHO PRIMARY CARE ASSOCIATION, INCORPORATED TOM FRONK, EXECUTIVE DIRECTOR 1087 FROM TOWN OF THE STREET OF T				
		BOISE ID 83702-7024	5. New Registered Agent Signature.			
RECEIVED BY DUE DATE						
4. Corporations: Enter Names a	and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Nar	ne	Street or PO Address	City	State	Country	Postal Code
	L MOORE		PAYETTE	ID	USA	83661
	L MOORE		PAYETTE	ID	USA	83661
PRESIDENT MIKE BAKER		1090 PARK PLACE AVE	COUER D ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Rick Beveridge	Date: 09/26/2013			
C 71228		Name (type or print): Rick Beveridge	Title: Finance Administrator			
Processed 09/26/2013 * Electronically provided signatures are accepted as original signatures.						