

No. 10000	Annual Report Form Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX KRIS ORMSETH 999 MAIN ST STE 1015 BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct PRIMARY HEALTH, INC. KRIS ORMSETH 727 E RIVER PARK LN STE 100 800 Park Boulevard, Suite 760 BOISE ID 83700 83712		3. Organized Under the Laws of: ID C 93005

4. Corporations: Enter Names and 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
President & Director	Elden R. Mitchell	800 Park Boulevard, Suite 760	Boise	ID	83712
Secretary	Kris Ormseth	999 Main Street, Suite 1015	Boise	ID	83702
Director	Robert K. Ditmore	1142 Via Palo Alto	Aptos	CA	95003
Director	Charles R. Ewald	101 California Street, 38th Floor	San Francisco	CA	94111
Director	Robert D. Gilbert, M.D.	800 Park Boulevard, Suite 760	Boise	ID	83712
Director	Robert V. Hansberger	380 E. Parkcenter Boulevard, Suite 280	Boise	ID	83706
Director	Ronald H. Kase	2490 Sand Hill Road	Menlo Park	CA	94025
Director	David L. Peterman, M.D.	6348 W. Emerald	Boise	ID	83706

5. NATURE OF BUSINESS PROVIDE PHYSICIAN PERSONNEL ISSUED: 10-05-1990	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>Kris Ormseth</u> Date <u>11/25/96</u> Name (Typed or Printed) <u>Kris Ormseth</u> Title <u>Secretary</u>
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