No. C 146949		Due no later than Dec 31, 2017 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	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				THORNTON 3101 W MA BOISE ID	GREGORY A BYRON THORNTON BYRON LLP 3101 W MAIN STE 200 BOISE ID 83702 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Na	ıme		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT DOUGLAS JAY		YO	10564 W. BUSINESS PARK LANE	BOISE	ID	USA	83709	
SECRETARY CAMERON JA		AYO	10564 W. BUSINESS PARK LANE	BOISE	ID	USA	83709	
DIRECTOR DOUGLAS JA		YO	10564 W. BUSINESS PARK LANE	BOISE	ID	USA	83709	
DIRECTOR CA	CAMERON JAYO		10564 W. BUSINESS PARK LANE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be						
ID		Signature: Gregory A. Byron		D	Date: 12/28/2017			
C 146949		Name (type or print):	Т	Title: Registered Agent				
Processed 12/28/2017 * Electronically provided signatures are accepted as original signatures.								