

No. C 146949		Due no later than Dec 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. PARAMOUNT HEALTH CARE, INC. C/O THORNTON BYRON PO BOX 7156 BOISE ID 83707-1156		GREGORY A BYRON THORNTON BYRON LLP 3101 W MAIN STE 200 BOISE ID 83702		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DOUGLAS JAYO	1323 S. FIVE MILE ROAD	BOISE	ID	USA	83709
SECRETARY	CAMERON JAYO	1323 S. FIVE MILE ROAD	BOISE	ID	USA	83709
DIRECTOR	DOUGLAS JAYO	1323 S. FIVE MILE ROAD	BOISE	ID	USA	83709
DIRECTOR	CAMERON JAYO	1323 S. FIVE MILE ROAD	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID C 146949		6. Annual Report must be signed.* Signature: Gregory A. Byron Name (type or print): Gregory A. Byron Date: 12/03/2009 Title: Registered Agent				
Processed 12/03/2009		* Electronically provided signatures are accepted as original signatures.				