,υ. (5 570 8	1 :	Annual Report Form 1998	🔞 Z. Rogistered Age. La	na Othos NOT y	A P.O. BOX	
Return to: SECRETARY OF STATE		Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct		HUGH PHILLIPS 1441 N.E. 10TH AVE		
700 WEST JEFFERSON VALL PO BOX 83720 BOISE ID 83720-0080		LLEY FAMILY HEALTH CARE, I GH PHILLIPS 41 N.E. 10TH AVE		ID	83661	
* FIRST NOTICE	E * PAYETTE	ID 83661	ID	C 68	708	
Corporations: Enter Nar Limited Liability Compa	mes and Business Addresses nies: Enter Names and Addi	s of President, Secretary and Directors resses of Managers or Members	s (check one)			
Office held Chairperson Vice Chairperson Secretary Director Director Director Director Director Director Director Director	Name Roger VanZelf Debbie Knighten Tina Alvarado Lee Ruiz Carlos Hernandez Sandra Pagoaga Joni Delgado Diego Castellanoz Larry Butler	Street or P.O. Address 744 Columbia Ave 8931 Solterbeck Lane 424 Noble Road 521 Imperial Ave 801 Ehrgood Ave 540 N. 18th St 211 N.W. 5th Street 113 Ehrgood Ave 2320 N. Whitley Drive	City Nyssa Payette Ontario Ontario Nyssa Payette Ontario Nyssa Fruitland	State Oregon Idaho Oregon Oregon Idaho Oregon Idaho Oregon Oregon Idaho	2ip 97913 83661 97914 97914 97913 83661 97914 97913 83619	
Signature of New Reg	gistered Agent 6.	gnature The Wille	Date	8-3-5	28	
	Na	me (Typed of Hugh W. Phillips	Title Ex	ecutive D	irector	
ISSUED: 07-	-03-1998 DO	NOT TAPE OR STAPLE	17	288		
			¥.			