

No. <b>C 119149</b>		<b>Due no later than Apr 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PHYSICIANS PRIMARY CARE CENTER, INC. BARRETT MORRIS 400 E 7TH ST WEISER ID 83672		BARRETT MORRIS 400 E 7TH ST WEISER ID 83672			
						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	VICTOR ISHIDA	1059 SW 3RD AVE	ONTARIO	OR	USA	97914	
SECRETARY	DAVID W BRAUER	400 E. 7TH ST	WEISER	ID	USA	83672	
5. Organized Under the Laws of:  <b>OR</b> <b>C 119149</b>		6. Annual Report must be signed.*  Signature: Barrett Morris Name (type or print): Barrett Morris					
		Date: 04/13/2018 Title: Business Manager					
Processed 04/13/2018		* Electronically provided signatures are accepted as original signatures.					