No. C 71228	Due no	2. Registered Agent and Address (NO PO BOX)					
Return to:	Ann	Annual Report Form		DENISE CHUCKOVICH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		1087 W RIVER ST STE 160				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO PRIMARY CARE ASSOCIATION, INCORPORATED DENISE CHUCKOVICH 1087 W RIVER ST STE 160 BOISE ID 83702-7024		BOISE ID 83702-7024 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bu	siness Addresses of Presid	dent, Secretary, and Directors. Treasurer	(optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER LESLYN PHELPS		486 W FIRST STREET PO BOX 266	GLENNS FERRY	ID	USA	83623	
SECRETARY LESLYN P		486 W FIRST PO BOX 266	GLENNS FERRY	ID	USA	83623	
PRESIDENT DENISE LANGSTON-GROVES 205 N BERKLEY COUNCIL ID USA 83612						83612	
5. Organized Under the Laws of: 6. Annual Report must		t be signed.*					
ID Signature: Denise C		nuckovich Date: 11/10/2009					
C 71228 Name (type or pr		t): Denise Chuckovich	Title: Executive Director				
Processed 11/10/2009	* Electronically provided signatures are accepted as original signatures.						