No. C 119149		Due no later than Apr 30, 2014			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PHYSICIA PAUL J S	Annual Report Form 1. Mailing Address: Correct in this box if needed. PHYSICIANS PRIMARY CARE CENTER, INC. PAUL J SNYDER MD 400 E 7TH ST WEISER ID 83672 ness Addresses of President, Secretary, and Directors. Treasurer (PAUL J SNYDER 400 E 7TH ST WEISER ID 83672				
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature:*				
Office Held Name		Street or PO Address	Cit		State	Country	Postal Code	
PRESIDENT PAUL	J SNYDER DR ISHIDA	915 SW 3RD AVE 1059 SW 3RD AVE	ON	TARIO TARIO	OR OR	USA USA	97914 97914	
5. Organized Under the Laws of:	6. Annual R	6. Annual Report must be signed.*						
OR	Signature	Signature: Paul J. Snyder MD D				ate: 02/13/2014		
C 119149	Name (ty	Name (type or print): Paul J. Snyder MD			Title: President			
Processed 02/13/2014	* Electronica	* Electronically provided signatures are accepted as original signatures.						