

No. C106818	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct PRIMARY HEALTH/ORCHARD ASSOC KRIS ORMSETH 727 RIVER PARK LN STE 100 800 Park Boulevard, Suite 760 BOISE ID 83702-83712		KRIS ORMSETH 999 MAIN ST STE 1015 BOISE ID 83702 3. Organized Under the Laws of: ID C106818

4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President & Director	Elden R. Mitchell	800 Park Boulevard, Suite 760	Boise	ID	83712
Secretary	Kris Ormseth	999 Main Street, Suite 1015	Boise	ID	83702
5. NATURE OF BUSINESS HEALTH SERVICES					
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Kris Ormseth</u> Date <u>11/25/96</u> Name (Typed or Printed) <u>Kris Ormseth</u> Title <u>Secretary</u>					

ISSUED: 10-05-1996

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