

No. <b>W 115492</b>		<b>Due no later than Jul 31, 2013</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> COMMUNITY HEALTH CENTER NETWORK OF IDAHO, LLC RICK BEVERIDGE IDAHO PRIMARY CARE ASSOCIATION INCORPORATED 1087 W RIVER STREET STE 160 BOISE ID 83702		ERIC L HAFF 209 W MAIN ST BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	LYNN HUDGENS	1087 W. RIVER STREET SUITE 160	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 115492</b>		Signature: Rick Beveridge				Date: 06/03/2013	
		Name (type or print): Rick Beveridge				Title: Cfo	
Processed 06/03/2013		* Electronically provided signatures are accepted as original signatures.					