

No. C 119149		Due no later than Apr 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		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		PAUL J SNYDER 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	PAUL J SNYDER	915 SW 3RD AVE	ONTARIO	OR	USA	97914	
SECRETARY	VICTOR ISHIDA	1059 SW 3RD AVE	ONTARIO	OR	USA	97914	
5. Organized Under the Laws of: OR C 119149		6. Annual Report must be signed.* Signature: Paul J Snyder Name (type or print): Paul J Snyder					
		Date: 02/09/2012 Title: President					
Processed 02/09/2012		* Electronically provided signatures are accepted as original signatures.					