1.5	Annual Report Form 1.7	ិ 🕽 🔁 Registered Agent a	au op av NOT A P O	ROX \
Satura	Due No Later Than November 30,		CROFT	
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		ENAI #205	
700 WEST JEFFERSON	IDAHO PRIMARY CARE ASSOCIATI		FUMI ACAD	
PO BOX 83720 BOISE, ID 83720-0080		BOISE	. 6 di	705
NO FEE REQUIRED	4948 KOOTENAI #205			
* FIRST NOTICE *		<ol><li>Organized Under the</li></ol>	ne Laws of:	
	BOISE ID 83705	ID	0 71228	3
<ol> <li>Corporations: Enter Names and Limited Liability Companies: En</li> </ol>	d Business Addresses of <b>President, Secretary and Directors</b> nter Names and Addresses of <b>Managers</b> or <b>Members</b>	ers (check one)		
Office held Name	Street or P.O. Address	City	State Zi	q
President Hugh F	Philips 1441 NE 10th Ave	Payette	ID 836	_ ,
Secretary Leslyn	Phelps P O Box 266	Glenns Ferr	y ID 836	23
Board Member Gary I	· · · · · · · · · · · · · · · · · · ·	Plummer	ID 838	51
Board Member Pat Mo Board Member Bill E	=	Twin Falls	ID 833	03
		Pocatello	ID 832	01
Poord Momber Dean H	Hungerford P O Box 44318	Boise	ID 837	05
board Member Erwin	Teuber 211 16th Avenue N	Nampa	ID 836	87
· Signature of New Registered	d Agent 6.	1		
	Signature Diff MCUTS	Date1	128/98	
	Name (Typed or Bill Foxcroft	Title Ex	ecutive Di	recto
1550ED: 07-03-			036	
	DO NOT TAPE OR STAPLE	<b>↓</b>		15-
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