

No. C 176093		Due no later than Dec 31, 2011 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		1. Mailing Address: Correct in this box if needed. PARTNERS IN HEALTHCARE, INC. ROXY BRAGA 267 N CANYON DR GOODING ID 83330 USA		EARL FITZPATRICK 267 N CANYON DR GOODING ID 83330			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LUCY OSBORNE	1776 S. 1625 E.	GOODING	ID	USA	83330	
SECRETARY	ELAINE BRYANT	1831 S. 2000 E.	GOODING	ID	USA	83330	
TREASURER	KEN RUBY	1884-B E. 2800 S.	WENDELL	ID	USA	83355	
DIRECTOR	PATRICIA NELSON	PO BOX 88	GOODING	ID	USA	83330	
DIRECTOR	CONNIE HERBERT	PO BOX 416	HAGERMAN	ID	USA	83332	
DIRECTOR	RICK BASTERRECHEA	630 PINE ST.	GOODING	ID	USA	83330	
DIRECTOR	JIM MCCaughey	2603 RITCHIE RD.	HAGERMAN	ID	USA	83332	
DIRECTOR	DAVID BUTLER	267 NORTH CANYON DRIVE	GOODING	ID	USA	83330	
DIRECTOR	JEFF TAYLOR	190 E. BANNOCK	BOISE	ID	USA	83702	
DIRECTOR	CHRISTINE NEUHOFF	190 E. BANNOCK	BOISE	ID	USA	83712	
DIRECTOR	F. JOHN GIES	425 IDAHO ST. PO BOX 447	GOODING	ID	USA	83330	
5. Organized Under the Laws of: ID C 176093		6. Annual Report must be signed.* Signature: Roxy Braga Name (type or print): Roxy Braga					
		Date: 10/07/2011 Title: Administrative Assistant					
Processed 10/07/2011 * Electronically provided signatures are accepted as original signatures.							