

Notice appointing trustee for holders of debentures

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Lodgement details	Who should ASIC contact if there is a query about this form?	
Lodgement details	-Firm/organisation	
	PRIMARY HEALTH (ARE LIMITED	
	Contact name/position description	
	4. CACHIA / COMPANY SECRETARY	
	ASIC registered agent number (if applicable)	
RECEIVED		
₹ 02 SEP 7010 -	Telephone number	
ASIC /	02 9561 3300	
ASIC NSW MAIL ROOM	Postal address	
01 6 8 L 9 5 7	LEVEL 1, 30-38 SHORT ST	
01 6 8 L 9	LEKHHARDT NSW 2040	
	v v marris salaise	
1 Details of borrower		
	Name of borrower	
23 4 5 6 7 8 9	PRIMARY HEALTH CARE LIMITED	
WOOD	ACN/ARBN/ABN (if applicable)	
Jest Missing Silvery	24 064 530 516	
Address of borrower	Office, unit, level	
If the borrower is a company, this must be the company's principal	Level 1	
place of business address.	Street number and Street name	
\$ 6 8 4 9 5 7 E 1.	30-38 SHORT ST	Olata (Tabilia
	Suburb/City L	State/Territory
		NSW
	Postcode Country (if not Australia)	
-		
2 Details of trustee	·····	
-	Name of trustee	
	THE TRUST COMPANY (AUSTRALIA) LIM	ITED
	ACN/ARBN/ABN (if applicable)	
	21 000 000 993	
Address of trustee	Office, unit, level	
	Level 3	
	Street number and Street name	
	530 COLLINS ST	
	Suburb/City	State/Territory
	MELBOURNE	VIC
	Postcode Country (if not Australia)	
	3000	

2 Continued Details of trustee		
Name of trust	Name of trust PRIMARY BONDS	
	Appointment date of the trustee [D D] [M M] [Y Y]	
	Date of trust deed [2] 4 / O Ø / I O [D D] [M M] [Y Y]	
Signature This form must be signed by a director or secretary of the company.	Name YVETTE CACHIA Capacity Director Signature Date signed Date Market Date	
Lodgement	Send completed and signed forms to: Australian Securities and Investments Commission, GPO Box 9827 in your capital city.	For help or more information Telephone 1300 300 630 Email <u>info.enquiries@asic.gov.au</u> Web <u>www.asic.gov.au</u>