

No. C 88297	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct FAMILY MEDICINE CENTER, CHAP DALE L. MOCK 10798 WEST OVERLAND RD. BOISE ID 83729		DALE L. MOCK 10798 W. OVERLAND RD. BOISE ID 83729 3. Organized Under the Laws of: ID C 88297													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Dale L. Mock M.D.</td> <td>10798 W. Overland Rd.</td> <td>Boise</td> <td>Idaho</td> <td>83729</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Dale L. Mock M.D.	10798 W. Overland Rd.	Boise	Idaho	83729
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Dale L. Mock M.D.	10798 W. Overland Rd.	Boise	Idaho	83729											
5. NATURE OF BUSINESS MEDICAL PRACTICE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Dale L. Mock M.D.</u> Date <u>10/2-95</u> Name (Typed or Printed) <u>Dale L. Mock M.D.</u> Title <u>President</u>															

ISSUED: 07-06-1995

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