

No. W 509	Annual Report Form 1999 Due No Later Than November 30,		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct PHYSICIAN CENTER, A PROFESSI 630 ADDISON AVE W STE 100 TWIN FALLS ID 83301		D KURT SEPPI, M.C. 388 MARTIN ST TWIN FALLS ID 83301 3. Organized Under the Laws of: ID W 509																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one) MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 15%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>D. KURT SEPPI</td> <td>630 ADDISON AVE STE 100</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>KEN HARRIS</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>JANE SCOTT</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	D. KURT SEPPI	630 ADDISON AVE STE 100	TWIN FALLS	ID	83301	KEN HARRIS	✓	✓	✓	✓	JANE SCOTT	✓	✓	✓	✓
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JANE SCOTT	✓	✓	✓	✓																				
5. <u>New</u> Registered Agent Signature		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Signature <u>KTS</u></td> <td style="width: 50%;">Date <u>11-1-99</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>KURT SEPPI</u></td> <td>Title <u>MANAGER</u></td> </tr> </table>			Signature <u>KTS</u>	Date <u>11-1-99</u>	Name (Typed or Printed) <u>KURT SEPPI</u>	Title <u>MANAGER</u>																
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ISSUED: 10-02-1999

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