No. C 71228 Return to:		Due no later than Nov 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX	
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Mailing Address - Correct in this box, if applicable IDAHO PRIMARY CARE ASSOCIATION, INC		BILL FOXCROFT 4948 KOOTENAI #205	
		NO FILING FEE IF RECEIVED BY DUE DATE		BOISE, ID 83705	
4. Corporations:	Enter Name	es and Business Addresses of Preside	ent, Secretary a	nd Directors	
Office held Na	<u>ame</u>	Street or P.O. Address	City	State	<u>Zip</u>
V President P Sect/Treas E Board Member H Board Member Lo	Bill Eder, MD Pat Morgan Erwin Teuber lugh Philips eslyn Phelps Debra Hanks	1441 NE 10 th Ave	Pocatello Twin Fall Nampa Payette Glenns F Plummer	s ID ID ID erry ID	83201 83303 83687 83661 83623 83851
i. Organized Under the IDAI C 71	НО	6. Signature Bill Foxcroft Name Printed)	Gt	Date 11-	15-00 tive Director
Issued 09/0)4/2000	Do Not Tape or Stapl		^^^^	