INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1995

No. 106363

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

★ FIRST NOTICE ★
NO FEE REQUIRED

1. Mailing Address - Please Correct If Not Correct

FAMILY MEDICAL PRACTICE, P.A.
MYRNA C OLSON-FISHER
2312 N PAWNEE LANE

BOISE ID 83704

2. Registered Agent and Office NOT A P.O. BOX

MYRNA C OLSON-FISHER
2312 N PAWNEE LANE

BOISE ID 83704

3. Incorporated Under The Laws of

ID
NO: 106363

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	MYRNA C. OLSON-FISHER	2312 N PAWNEE LN	BOISE	ID	83704
Secretary:	DENNIS M FISHER	2312 N PAWNEE LN	Boise	ID	83704
Directors:					

5. Nature of Business

MEDICAL HEALTH CARE

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 Dennis M Fisher Date 24 Aug 95

Name (Typed or Printed) DENNIS M FISHER Title SEC.