

No. C119303

**Annual Report Form**

Due No Later Than November 30, 1999

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

SOUTHERN IDAHO FAMILY MEDICA

496 SHOUP AVE W #F

DR. DALE J PETERSON MD  
496 E SHOUP AVE W

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID C119303

**\* FIRST NOTICE \***

TWIN FALLS ID 83301

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)

Office held

Name

Street or P.O. Address

City

State

Zip

Resident Dale J Peterson, MD, 496 E Shoup Ave W, Twin Falls, ID 83301

5. Signature of New Registered Agent

6.

Signature

Date

Name (Typed or Printed)

Title

ISSUED: 07-03-1999

3804