

No. C 71228

Annual Report Form  
Due No Later Than November 30, 1996

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

IDAHO PRIMARY CARE ASSOCIATI

4948 KOOTENAI #205

BILL FOXCROFT  
DEAN HUNGERFORD  
4948 KOOTENAI #205

BOISE ID 83705

\* FIRST NOTICE \*

BOISE ID 83705 ID C 71228

4. Corporations: Enter Names and 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
PRESIDENT	Erwin Teuber	211 16th Ave. N.	Nampa	ID	83687
V. President	Lary Lawson	1440 Filer Ave. E.	Twin Falls	ID	83301
Secretary	Hugh Phillips	1441 NE Tenth Ave.	Payette	ID	83661
Treasurer	Lestyn Phelps	516 W. 1st Ave.	Glenns Ferry	ID	83623
	Mary McCou	611 Clinton	Boise	ID	83704
	Gary Leva	P.O. Box 388	Plummer	ID	83851
	Colleen Van Winkle	4948 Kootenai #205	Boise	ID	83705
	Shane Johnson				

5. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Bill Foxcroft Date 7-22-96Name (Typed or Printed) Bill Foxcroft Title EXEC. DIRECTOR

ISSUED: 07-06-1996

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