

No. C 71228	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX BILL FOXCROFT DEAN HUNGERFORD 4948 KOOTENAI #205 BOISE ID 83705
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	3. Organized Under the Laws of: ID C 71228
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
Office held	Name	Street or P.O. Address
PRESIDENT	Erwin Teuber	211 16th Ave. N.
V. President	Larry LAWSON	1446 Filer Ave. E.
Secretary	Hugh Phillips	1441 NE Tenth Ave.
Treasurer	Lestyn Phelps	516 W. 1st Ave.
	Mary McColl	611 Clinton
	Gary Leva	P.O. Box 388
	Colleen Van Winkle	4948 Kootenai #205
	Sandra Johnson	
CITY	STATE	ZIP
Nampa	ID	83687
Twin Falls	ID	83301
Payette	ID	83661
Glenns Ferry	ID	83623
Boise	ID	83704
Plummer	ID	83851
Boise	ID	83705
5. NATURE OF BUSINESS MEDICAL CARE CLINICS		
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 7-22-96
Name (Typed or Printed) BILL FOXCROFT		Title EXEC. DIRECTOR

ISSUED: 07-06-1996

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