

No. **C 110761****Due no later than May 31, 2006****Annual Report Form**2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**1. Mailing Address - Correct in this box, if applicable**IDAHO FAMILY PHYSICIANS, P.A.
IRVIN E SACKMAN JR MD
130 E. BOISE AVE
BOISE, ID 83706IRVIN E SACKMAN JR MD
130 E. BOISE AVE.
BOISE, ID 83706**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	IRVIN E Sackman	130 E Boise Ave	Boise	ID	83706
Vice Presid	Mark A Rutherford	130 E Boise Ave	Boise	ID	83706
Secretary	MONT B Tolman	130 E Boise Ave	Boise	ID	83706
Treasurer	ANN E Erwin	130 E Boise Ave	Boise	ID	83706

5. Organized Under the Laws of:

IDAHO
C 110761

6.

Signature

Barbara Heschke

Date

05-29-06Name
(Typed or
Printed)Barbara Heschke

Title

Clinic Manager

Issued 03/01/2006

Do Not Tape or Staple

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