

No. C 42400

Annual Report Form

1997

Due No Later Than November 30,

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

FAMILY MEDICAL CENTER, P.A.
LESTER J. PETERSEN, M.D.
ONE PROFESSIONAL PLAZA

REXBURG ID 83440

LESTER J. PETERSEN
ONE PROFESSIONAL PLAZA

REXBURG ID 83440

3. Organized Under the Laws of:

ID C 42400

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
PRES	LESTER J. PETERSEN	1 PROF PLAZA	REXBURG	ID	83440
U. PRES	HYRUM BLACKBURN	"	"	"	"

5.

6.
Signature Lester J. Petersen Date 7-12-97
Name (Typed or Printed) LESTER J. PETERSEN Title PRES

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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