

No. C 42400	Annual Report Form Due No Later Than November 30, 1997	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 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
* FIRST NOTICE *		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 <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
PRES	LESTER J. PETERSEN	1 PROF PLAZA REXBURG ID 83440
U. PRES	Hyrum Blackman	" "
5.	6.	
	Signature <u>Lester J. Petersen</u> Date <u>7-12-97</u>	
	Name (Typed or Printed) <u>LESTER J. PETERSEN</u> Title <u>PRES</u>	

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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