

No. 0 00097

Annual Report Form

1995

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

PHYSICIAN SERVICES, P.A.
CRAIG A. SINKINSON
P.O. BOX 483

BOODING ID 83330

CRAIG A. SINKINSON
545 RIVER ROAD

HAGERMAN ID 83332

3. Organized Under the Laws of:

ID C 85397

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	Craig A. Sinkinson, M.D.	Cougar Island	McCall, ID		83638
Secretary	Marilee J. Kuracina, M.D.	Cougar Island	McCall, ID		83638

5. NATURE OF BUSINESS

CONTRACT EMERGENCY DEPT.

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
Signature *Craig A. Sinkinson* Date 8/26/96
Name Craig A. Sinkinson Title President
(Type or Print)

ISSUED: 07-06-1995

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