

74443

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

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| No. | Idaho Corporation Annual Report Form | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To | Due No Later Than November 1, 1992 | RANDALL J. SLICKERS, M.D. |
| Secretary of State Room 203, Statehouse Boise, ID 83720 | 1. Mailing Address Please Correct If Not Correct | 560 SHOUP AVENUE WEST |
| ★ FIRST NOTICE ★ NO FEE REQUIRED | MAGIC VALLEY FAMILY PHYSICIANS, RANDALL J. SLICKERS, M.D. 560 SHOUP AVENUE WEST | TWIN FALLS ID 83301 |
| | TWIN FALLS ID 83301 0000 | 3. Incorporated Under The Laws of ID |
| | | NO: 74443 |

4. Names and Addresses of Officers and Directors

| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|------------|------------------------|-------------------------------|-------------|--------------|------------|
| President: | Kenneth Harris, M.D. | 560 Shoup Ave. W. | Twin Falls | ID | 83301 |
| Secretary: | Kurt Seppi, M.D. | 560 Shoup Ave. W. | Twin Falls | ID | 83301 |
| Directors: | James Scheel, M.D. | 560 Shoup Ave. W. | Twin Falls | ID | 83301 |
| | Randall Slickers, M.D. | 560 Shoup Ave. W. | Twin Falls | ID | 83301 |

5. Nature of Business

Family Practice

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

Name (Typed or Printed)

Kenneth Harris, M.D.

Date

7-10-92

Title

President