

No. * 524

Return to:
 SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080

NO FEE REQUIRED
 * FIRST NOTICE *

Annual Report Form 1995
 Due No Later Than November 30,

1 Mailing Address - Please Correct, if Not Correct

MOUNTAIN VIEW PHYSICIANS, L.
 MICHAEL K MAIER MD
 3301 N. SAWGRASS

BOISE ID 83704

2. Registered Agent and Office **NOT A P.O. BOX**
 MICHAEL K MAIER MD
 3301 N. SAWGRASS

BOISE ID 83704

3. Organized Under the Laws of:
 ID W 524

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
	Michael K. Maier	3301 N. SAWGRASS WAY	BOISE	ID	83704
	Eric L. Maier	3301 N. SAWGRASS WAY	BOISE	ID	83704
	Mark A. Johnson	3301 N. SAWGRASS WAY	BOISE	ID	83704
	Frank J. DiMotta	3301 N. SAWGRASS WAY	BOISE	ID	83704

5. SIGNATURE OF CURRENT RA

[Handwritten Signature]

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 *[Handwritten Signature]* Date 7-18-96

Name (Typed or Printed) FRANK J. DIMOTTA, MD Title _____

ISSUED: 37-38-1995

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