

No. C 77245

Due no later than Nov 30, 2002
Annual Report Form

Return to:

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

1. Mailing Address - Correct in this box, if applicable

FAMILY EMERGENCY CENTER WEST, P.A.
P. JEFFREY THOMPSON, M.D.
250 SO. SKYLINE DR.

IDAHO FALLS, ID 83402

2. Registered Agent and Office **NO PO BOX**

P. JEFFREY THOMPSON, M.D.
1995 E. 17TH ST.

IDAHO FALLS, ID 83404

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
		1995 E 17th	Idaho Falls	Id	83404
President	Barton E Brower	✓	✓	✓	✓
Secretary	P Jeffrey Thompson	✓	✓	✓	✓
Directors	Roger S Brunt	✓	✓	✓	✓
	Barton E Brower	✓	✓	✓	✓
	P Jeffrey Thompson	✓	✓	✓	✓

5. Organized Under the Laws of:

IDAHO
C 77245

6.

Signature

P. Jeffrey Thompson MD

Date

9/10/02

Name
(Typed or
Printed)

P. Jeffrey Thompson

Title

Sec

Do Not Tape or Staple

2650