

No. C110761	Annual Report Form 1900 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX IRVIN E SACKMAN JR MD 674 E. RIVERPARK LANE 130 E. BOISE AVE BOISE ID 83706
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct IDAHO FAMILY PHYSICIANS, P.A. IRVIN E SACKMAN JR MD 571 E RIVER PARK LANE 130 E. BOISE AVE BOISE ID 83706		3. Organized Under the Laws of: ID C110761

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	IRVIN SACKMAN	2290 COSSAMER	BOISE	IDAH	83706
SECRETARY	ELIZABETH SACKMAN	2290 COSSAMER	BOISE	IDAH	83706

(NO BOARD MEMBERS AT THIS TIME)

5. NATURE OF BUSINESS PRACTICE OF MEDICINE ISSUED: 10-05-1996	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 <u>Irvin Sackman MD</u> Date <u>10/19/96</u> Name (Typed or Printed) <u>IRVIN SACKMAN MD</u> Title <u>PRESIDENT</u> 7370
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