

No. C 42400	<b>Annual Report Form</b> 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  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  FAMILY MEDICAL CENTER, P.A. LESTER J. PETERSEN, M.D. ONE PROFESSIONAL PLAZA  REXBURG ID 83440		LESTER J. PETERSEN ONE PROFESSIONAL PLAZA  REXBURG ID 83440  3. Organized Under the Laws of:  ID C 42400																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Lester J. Petersen</td> <td>1 prof Plaza</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> <tr> <td>V. Pres</td> <td>Hy Blackburn</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Lester J. Petersen	1 prof Plaza	Rexburg	Id	83440	V. Pres	Hy Blackburn				
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Pres.	Lester J. Petersen	1 prof Plaza	Rexburg	Id	83440																	
V. Pres	Hy Blackburn																					
5. NATURE OF BUSINESS  ANY LAWFUL medical Dr.	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>Lester J. Petersen</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>above</u> Title <u>Pres</u>																					

ISSUED: 07-06-1996

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