

No. C110761	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX IRVIN E SACKMAN JR MD 571 E. RIVERPARK LANE BOISE ID 83706
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	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
* FIRST NOTICE *			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	IRVIN SACKMAN	2290 BOSSAMER	BOISE IDAHO 83706
SECRETARY	ELIZABETH SACKMAN	2290 BOSSAMER	BOISE IDAHO 83706
5. NATURE OF BUSINESS PRACTICE OF MEDICINE		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><i>Irvin Sackman MD</i></u> Date <u>7/24/96</u> Name (Typed or Printed) <u>IRVIN SACKMAN MD</u> Title <u>PRESIDENT</u>	

ISSUED: 07-06-1996

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