

No. W 509

Annual Report Form
Due No Later Than November 30, 1997D. KURT SEPPI, M.D.
2. Registered Agent and Office NOT A P.O. BOXReturn to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

★ FIRST NOTICE ★

1. Mailing Address - Please Correct, If Not Correct

PHYSICIAN CENTER, A PROFESSIONAL

388 MARTIN ST

TWIN FALLS ID 83301

TIMOTHY S. HANSON, M.D.
388 MARTIN STTWIN FALLS ID 83301
D. KURT SEPPI

3. Organized Under the Laws of:

ID W 509

4. Corporations: Enter Names and Business 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	D. Kurt Seppi, M.D.	388 Martin	Twin Falls	Id	83301
Secretary	John F. Trotter, M.D.	388 Martin	Twin Falls	Id	83301

5. SIGNATURE OF CURRENT RA

6.

Signature

Date

9/19/97

Name (Typed or
Printed)

D. Kurt Seppi, M.D.

Title

President

ISSUED: 07-04-1997

633

DO NOT TAPE OR STAPLE