

No. C 48224 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable FAMILY MEDICAL CLINIC, P.A. SCOTT E. FOUSER PO BOX 606 CALDWELL, ID 83606	2. Registered Agent and Office NO PO BOX SCOTT E FOUSER 702 E CHICAGO CALDWELL, ID 83605 3. <u>New</u> Registered Agent Signature
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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>
President	Douglas M. Hill, M.D.	222 E. Logan	Caldwell	ID	83605
Secretary	J. Joseph Daglen, M.D.	222 E. Logan	Caldwell	ID	83605
Director	Douglas M. Hill, M.D.	222 E. Logan	Caldwell	ID	83605
"	J. Jopseh Daglen, M.D.	222 E. Logan	Caldwell	ID	83605
"	Theodore W. Baird, M.D.	222 E. Logan	Caldwell	ID	83605
"	Randall H. Hutchings, M.D.	222 E. Logan	Caldwell	ID	83605
"	Paul A. McConnel, M.D.	222 E. Logan	Caldwell	ID	83605
"	Lawrence J. Sladich, M.D.	222 E. Logan	Caldwell	ID	83605
"	Sam M. Summers, M.D.	222 E. Logan	Caldwell	ID	83605
"	Jonathan L. Chu, M.D.	222 E. Logan	Caldwell	ID	83605

5. Organized Under the Laws of: IDAHO C 48224	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature </td> <td style="width: 40%;"> Date </td> </tr> <tr> <td colspan="2"> Name (Typed or Printed) <u>Douglas M. Hill, M.D.</u> Title <u>President</u> XXXX </td> </tr> </table>	Signature	Date	Name (Typed or Printed) <u>Douglas M. Hill, M.D.</u> Title <u>President</u> XXXX	
Signature	Date				
Name (Typed or Printed) <u>Douglas M. Hill, M.D.</u> Title <u>President</u> XXXX					

Issued 07/10/2000

Do Not Tape or Staple

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