

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 85397

Idaho Corporation Annual Report Form

2. Registered Agent and Office NOT A P.O. BOX

Return To

Due No Later Than November 30, 1995

CRAIG A. SINKINSON
645 RIVER ROADSecretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

1 Mailing Address - Please Correct If Not Correct

PHYSICIAN SERVICES, P.A.
CRAIG A. SINKINSON
P.O. BOX ~~833~~ 483

HAGERMAN ID 83332

* FIRST NOTICE *
NO FEE REQUIRED~~HAGERMAN~~ Gooding ID ~~83332~~ 83330

3. Incorporated Under The Laws of

ID
NO: 85397

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Craig A. Sinkinson, M.D.	P. O. Box 2002	McCall	ID	83638
Secretary:	Marilee J. Kuracina, M.D.	P. O. Box 2002	McCall	ID	83638
Directors:					

5. Nature of Business

ER Physicians

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

Name

(Typed or Printed)

Craig A. Sinkinson, M.D.

Date

Title

7/29/95

President