

No. **C 85397**

**Due no later than Dec 31, 2003
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PHYSICIAN SERVICES, P.A.
CRAIG A SINKINSON
PO BOX 2002

CRAIG A. SINKINSON
645 RIVER ROAD

HAGERMAN, ID 83332

3. New Registered Agent Signature

MCCALL, ID 83638

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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	MAURICE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN,	ID	83332
VICE PRES.	CRAIG A. SINKINSON, M.D.	P.O. Box 2002	MCCALL,	ID	83638
TREASURER	MAURICE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN,	ID	83332
SECRETARY	CRAIG A. SINKINSON, M.D.	P.O. Box 2002	MCCALL,	ID	83332

5. Organized Under the Laws of:

IDAHO
C 85397

6.

Signature

Date

01/10/04

Name (Typed or Printed)

CRAIG A. SINKINSON, M.D.

Title

SECRETARY