No. w 509	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Mailing Address - Correct in this box, if applicable	D KURT SEPPI, M.C. 388 MARTIN ST
PO BOX 83720 BOISE, ID 83720-0080	PHYSICIAN CENTER, A PROFESSIONAL CO 630 ADDISON AVE W STE 100	TWIN FALLS, ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83301	3. New Registered Agent Signature
Office held Name	nies: Enter Names and Addresses of Managers Street or P.O. Address	s. <u>City State Zip</u> 532
Exec Committee to	r D. Kurt Séppi 636 mai r Kenneth Harris "	DISON AVEW TON FMLS ID.
	Y THNE SCOTT "	u IV.
5. Organized Under the Laws of:	6. Signature K42	Date 8/30/00
IDAHO W 509	Name (Typed or KART SEPP)	Title: Esec. Countier
Issued 07/10/2000	Do Not Tape or Staple	754