

No. C 44264	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX WALTER R. PETERSEN 2457 BURTON BURLEY ID 83318																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct WALTER R. PETERSEN, M.D., P. C/O NELSON SAGERS ANDERSON P. O. BOX 1204 BURLEY ID 83318		3. Organized Under the Laws of: ID C 44264																		
* FIRST NOTICE *																					
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>WALTER R. PETERSEN</td> <td>P.O. BOX 1204</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>SECRETARY</td> <td>EILEEN PETERSEN</td> <td>P.O. BOX 1204</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	WALTER R. PETERSEN	P.O. BOX 1204	BURLEY	ID	83318	SECRETARY	EILEEN PETERSEN	P.O. BOX 1204	BURLEY	ID	83318
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5. NATURE OF BUSINESS MEDICAL PRACTICE	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 <u><i>Neville Nelson</i></u> Date <u><i>8-7-96</i></u> Name (Typed or Printed) <u><i>Neville H. Nelson</i></u> Title <u><i>C.P.A.</i></u>																				

ISSUED: 07-06-1995

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