Return to:	<u> </u>	A Due N	nnual Report Form No Later Than November 30,	1905	2. Registered Agent a		
SECRETARY OF STATE		1. Mailing Address - Please Correct, If Not Correct			RENJAMIN F CALL 1352 EAST CENTER		
700 WEST JEFFERSO PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	N I	IDAHO ASSOCIATION OF PHYSICI BEN CALL, MO 1352 EAST CENTER		SICI	POCATELLO		
		,		3. Organized Under the Laws of:			
* FIRST VOTICE *		POCATELLO TO 33235			<u> 15 </u>		
4. Corporations: Enter Limited Liability Cor	Names and npanies: Ente	Addresses of Pres or Names and Addre	ident, Secretary and Directo esses of Managers or	rs I Members	(check one)		<u> </u>
Office held	<u>Name</u>		Street or P.O. Address		City	<u>State</u>	<u>Zîp</u>
President	Ben C	all M.D.	1352 E. Center		Pocatello	ID	83205
Vice Pres.	Vice Pres. Kim Cox M.D. 246 N. 1				Pocatello	ID	83201
Secretary	Clay	Campbell M.D.	. 742 Washington		Montpelier	ID	83254
Treasurer	Dave Vanek M.D.		755 Hospital Way	7	Pocatello	ID	83201
							·•

ISSUED: 37-36-1995

NATURE OF BUSINESS

TRADE ASSOCIATION

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 Printed KERRY L. CASPERSON

Title Exec. Director

1251