


No. C 88641	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX MICHAEL S. BAKER 755 HOSPITAL WAY SUITE C-3 POCATELLO ID 83201																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct FAMILY PRACTICE GROUP, P.A. MICHAEL S BAKER 755 HOSPITAL WAY SUITE C-3 POCATELLO ID 83201		3. Organized Under the Laws of: ID C 88641																									
	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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Michael S. Baker</td> <td>755 Hospital Way, C-3</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary</td> <td>Suzanne Baker</td> <td>755 Hospital Way, C-3</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td colspan="6">Directors: none</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Michael S. Baker	755 Hospital Way, C-3	Pocatello	ID	83201	Secretary	Suzanne Baker	755 Hospital Way, C-3	Pocatello	ID	83201	Directors: none					
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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></u> Date <u>7/19/96</u> Name (Typed or Printed) <u>Michael S. Baker</u> Title <u>President</u>																										

ISSUED: 07-06-1996

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