

NO. W 502

Annual Report Form 1997

Due No Later Than November 30,

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

WESTERN IDAHO PHYSICIANS GRO
 J ROGER CURRAN, M.D.
 1615 B -12TH AVE RD

NAMPA ID 83686

2. Registered Agent and Office NOT A P.O. BOX

J ROGER CURRAN, M.D.
 1615 B -12TH AVE RD

NAMPA ID 83686

3. Organized Under the Laws of:

ID W 682

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

PRES.

J. ROGER CURRAN, M.D.

4227 Tioga

NAMPA

ID

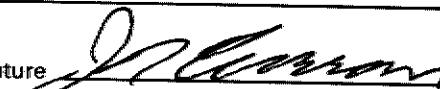
83686

5. SIGNATURE OF CURRENT RA



6.

Signature

Name (Typed or
Printed)


J. Roger Curran

Date

10/7/97

Title

PRES

ISSUED: 07-04-1997

1989

(DO NOT TAPE OR STAPLE)