1 NO. 0 00113	900 00:	14		P.02
Return to: 0 000	75	Annual Report Form		SHU UIIIUS NU FU DUA
SECRETARY OF ST		L. Mailing Address - Correct in this box of applicable	JAMES D LOHM	
700 WEST JEFFER:	ajon –	FAMILY CARE PHYSICIANS, P.A.	112 FIFTH AVE.	WEST
PO BOX 83720 BOISE, ID 83720-00	an.	JAMES D LOHMANN 112 FIFTH AVE, WEST	JEROME, ID 83	338
BOIGE, ID 63726-00	!			
NO FILING FEE IF		JEROME, ID 83338	3. New Registered A	Agent Signature
RECEIVED BY DUE	DATE			
4. Corporations: I	‡nter Nar	nes and Business Addresses of President, Secretary	and Directors	
OSC	1.	1	State	<u>Z</u> ip
President Ja	DID A DU	thurs 112 West 550	ne Jd	83338
Secretion of	mes D.	Street or P.O. Address Thura 112 West 5th Seron Junia 1/2 West 5th Geron	ne Id ne Id	83338
	James A	Invin 1/2 West 5th Geror	ne Id	83338
- Measures	The state of the s			
	!			
	!			
	1			
	<u> </u>			
5. Organized Under the	Laws of:	6. 0 ,		
C 90779DAH		Signature Louisa M. Harris	Date _//	29-00
C 90	1	1)	Title: A	
C 30	173	Name Private Office Manager	Title;	(ceManagor)
Issued 09/04/2000 Do Not Tape or Staple				
	Fold, seal and mail this portion.		887	
С		Polot, seal and thail this portion,	C	
		Detach at this perforation and discard this lower portion.		
	INCTO			
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM				
Block 1: Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the				
correct address. Note: To ensure furture mailings, the corrected address must be inside Block 1.				
Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.				
the registered again must be at a sheet address in idaho, not a roat office box of Personal Mail box.				
Block 3: Only a new registered agent must sign in Block 2.				
Block 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as last year" or "same as above" will not be accepted.				
(for LLC's only). Note: Putting "same as last year" or "same as above" will not be accepted.				
Block 5: May not be a	tered throu	gh the use of this form.		
Block 6: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of				
the signer below the signature.				
If the corp/LLC is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at				
www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corp/LLC, to				
terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.				
DUE NO LATER THAN NOV 30, 2000				
		POSTMARK DATES WILL NOT BE ACCEPTED		