

No. C 85397

Due no later than Dec 31, 2002  
Annual Report Form

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PHYSICIAN SERVICES, P.A.  
CRAIG A SINKINSON  
PO BOX 2002

MCCALL, ID 83638 2002

2. Registered Agent and Office NO PO BOX

CRAIG A. SINKINSON  
645 RIVER ROAD

HAGERMAN, ID 83332

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN,	ID	83332
SECRETARY	MARILEE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN,	ID	83332
DIRECTOR	CRAIG A. SINKINSON, M.D.	P.O. Box 659	HAGERMAN,	ID	83332
DIRECTOR	MARILEE J. KURACINA, M.D.	P.O. Box 659	HAGERMAN,	ID	83332

5. Organized Under the Laws of:

IDAHO  
C 85397

6.

Signature

Date

10/19/02

Name (Typed or Printed)

CRAIG A. SINKINSON, M.D.

Title

PRESIDENT

Issued 10/01/2002

Do Not Tape or Staple