No. C 71228	Annual Report Form Due No Later Than November 30,	1997 2 Registered Agent and Office NOT A P.O. 80
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	BILL FOXCROFT
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO PRIMARY CARE ASSOCI	ATI ROISE 10 83705
NO FEE REQUIRED	4948 KOOTENAI #205	3 Organized Under the Laws of
* FIRST NOTICE *	BOISE TO 83705	
 Corporations: Enter Names and Limited Liability Companies: Er 	Business Addresses of President, Secretary and Director Names and Addresses of U Managers or U N	Actors Nembers (check one)
_	Street or P.O. Address Lawson 1440 Filer Ave E	
	Philips 1441 NE 10th Ave	1
	n Phelps 516 West 1st	Glenns Ferry ID 83623
Treasurer Mary	Kelly McColl 6111 Clinton St	
Director Bill		Pocatello ID 83201
Director Ern T	ZII IOON MYD N	Nampa ID 83687
Director Gary	Leva 1115 B St	Plummer ID 83851
	6. Signature	Date 7/22/47
	Name Previse: Lary Lawson	Title President
ISSUED: 07-04-	997 DO NOT TAPE OR STAF	PLE 21305
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