

0461

Idaho Corporation Annual Report Form

Due No Later Than November 1,

1993

1. Mailing Address

EMERGENCY ROOM ASSOCIATES, P.A.
 IVYL W. WELLS, M.D.
 465 MCKENNA DR.

MOUNTAIN HOME ID 83647

ISSUED: 07-01-1993
2. Registered Agent and Office NOT A P.O. BOX

IVYL W. WELLS, M.D.
 465 MCKENNA DR.

MOUNTAIN HOME ID 83647

3. Incorporated Under The Laws

of ID

NO: 80461

turn To

Secretary of State
 Room 203, Statehouse
 Boise, ID 83720

★ FIRST NOTICE ★
 NO FEE REQUIRED

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President:

IVYL W. WELLS, M.D.

465 McKenna Drive, Mountain Home, Idaho 83647

Secretary:

KAREN L. LORMAND

465 McKenna Drive, Mountain Home, Idaho 83647

Directors:

IVYL W. WELLS, M.D.

465 McKenna Drive, Mountain Home, Idaho 83647

MICHAEL P. KOELSCH, M.D.

805 North 6th East, Mountain Home, Idaho 83647

LAYNE D. ROBERTS, D.O.

465 McKenna Drive, Mountain Home, Idaho 83647

5. Nature of Business

Medical/EmRm Coverage

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

Name (Typed or Printed)

IVYL W. WELLS, M.D.

Date

Title

President