				ISSUED: 07-	u5-199	4	
No. 77245 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		Idaho Corporation Annual Report Form Due No Later Than November 1,1994 1. Mailing Address — FAMILY EMERGENCY CENTER WEST, P P. JEFFREY THOMPSON, M.D. 250 SO. SKYLINE DR. IDAHO FALLS ID 83402		P. JEFFREY TH	2. Registered Agent and Office P. JEFFREY THOMPSON, M.D. 1995 E. 17TH ST.		
1. Names and Addresse	es of Officers	and Directors	de sus con en antico su social reconstruction est de la faction de la constant	men a distribution of the second		•	
		Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>	
President: Secretary: Directors:		S. Brunt frey Thompson	1995 E. 17th Street 1995 E. 17th Street	Idaho Falls Idaho Falls	I D I D	83404 83404	
5. Nature of Business Medical		6. I certify true, col	that this innual Report has been errect and complete. Complete P. Jeffrey Thompson		best of my l	knowledge	

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