

<b>No. 56720</b>  Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>** FINAL NOTICE ** NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1,</i> <b>1. Mailing Address — Please Correct</b>  IDAHO ACADEMY OF PHYSICIAN'  P.O. BOX 6503  BOISE ID 83707	<b>2. Registered Agent and Office</b>  HEIDI S. LAYER, III VAMC, 500 W. FORT ST.  BOISE ID 83702  <b>3. Incorporated Under The Laws of ID</b>  NO: 056720
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4. Names and Addresses of Officers and Directors				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President:	HEIDI LAYER	500 W. Fort St	Boise	ID 83702
Secretary:	JOY BURKEY	500 W. Fort St.	Boise	ID 83702
Directors:	MARV SPARRELL	same address	"	" "
	CARY LAYMAN	same address	"	" "

  

<b>5. Nature of Business</b>  Professional Organization	<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature <u>Heidi S. Layer</u>            Name (Typed or Printed) <u>HEIDI S. LAYER</u> </td> <td style="width: 40%;">           Date <u>10-29-90</u>            Title <u>PRESIDENT</u> </td> </tr> </table>	Signature <u>Heidi S. Layer</u> Name (Typed or Printed) <u>HEIDI S. LAYER</u>	Date <u>10-29-90</u> Title <u>PRESIDENT</u>
Signature <u>Heidi S. Layer</u> Name (Typed or Printed) <u>HEIDI S. LAYER</u>	Date <u>10-29-90</u> Title <u>PRESIDENT</u>		