


No. <b>C 91837</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>IDAHO PHYSICAL MEDICINE AND</b> <b>ROBERT H. FRIEDMAN, M.D.</b> <b>204 FORT PLACE</b>  <b>BOISE ID 83701</b>	<b>ROBERT H. FRIEDMAN, M.D.</b> <b>204 FORT PLACE</b>  <b>BOISE ID 83701</b>  3. Organized Under the Laws of: <b>ID C 91837</b>

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael S. Weiss	P.O. Box 1128	Boise	ID	83701-1128
CEO	Robert H. Friedman	"	"	"	"
Secretary	Robert H. Friedman	"	"	"	"
Treasurer	Michael S. Weiss	"	"	"	"

5. NATURE OF BUSINESS  <b>PRACTICE MEDICINE</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. Signature  Date <b>10-31-96</b> Name (Typed or Printed) <b>Robert H. Friedman</b> Title <b>CEO/Secretary</b>
---	--

**ISSUED: 10-05-1996** **5858**