

No. C 51430

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

Due no later than May 31, 2008

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

FAMILY PRACTICE RESIDENCY OF IDAHO,
TED EPPERLY MD
777 NORTH RAYMOND STREET
BOISE, ID 83704

2. Registered Agent and Office NO PO BOX

TED EPPERLY MD
777 NORTH RAYMOND
BOISE, ID 83704

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held _____ Name _____

Street or P.O. Address _____

City _____

State _____

Zip _____

See Attached

5. Organized Under the Laws of:

IDAHO
C 51430

6.

Signature _____

Name (Typed or
Printed) _____

Ted Epperly MD

Date _____

5/28/08

Title _____

Chairman &
Program Director

Issued 03/03/2008

Do Not Tape or Staple

200805000401

ations: Enter Names and Business Addresses of President, Secretary and Directors

Position Held	Name	Street or P.O. Box	City	State	Zip
President	Sam Summers, M.D.	1819 Ellis Avenue	Caldwell	ID	83605
Chairman/Program Director	Ted Epperly, M.D.	777 North Raymond Street	Boise	ID	83704
Secretary	Gary Fletcher	190 East Bannock	Boise	ID	83712
Treasurer	Janelle Reilly	1055 North Curtis Road	Boise	ID	83706