

No. C 77245	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX P. JEFFREY THOMPSON, M.D. 1995 E. 17TH ST. IDAHO FALLS ID 83404		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address Please Correct if Not Correct FAMILY EMERGENCY CENTER WEST P. JEFFREY THOMPSON, M.D. 250 SO. SKYLINE DR. IDAHO FALLS ID 83402		3. Organized Under the Laws of: ID C 77245		
* FIRST NOTICE *					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Barton E. Brower	1995 East 17th	Idaho Falls	ID	83404
Secretary	P. Jeffrey Thompson	1995 East 17th	Idaho Falls	ID	83404
Directors	Roger S. Brunt	1995 East 17th	Idaho Falls	ID	83404
	Gene K. Hodges	2680 Channing Way	Idaho Falls	ID	83404
	Mahlon Hiestand	250 South Skyline	Idaho Falls	ID	83402
	Kim O. Johnson	6195 East Sunnyside	Idaho Falls	ID	83406
5. Signature of New Registered Agent		6. Signature <u>P. Jeffrey Thompson MD</u> Date <u>9/14/99</u> Name <small>(Typed or Printed)</small> <u>P. Jeffrey Thompson</u> Title <u>Secretary</u>			

ISSUED: 07-03-1999

8554