

July 18, 1996

Lester Petersen M.D.
Family Medical Center, P.A. C42400
One Professional Plaza
Rexburg ID 83440

RE: Family Medical Center, P.A. C42400

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. C 42400	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct FAMILY MEDICAL CENTER, P.A. LESTER J. PETERSEN, M.D. ONE PROFESSIONAL PLAZA REXBURG ID 83440		LESTER J. PETERSEN ONE PROFESSIONAL PLAZA REXBURG ID 83440 3. Organized Under the Laws of: ID C 42400						
4. Corporations: Enter Names and 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) <table border="0" style="width:100%"> <tr> <td style="width:15%"><u>Office held</u></td> <td style="width:25%"><u>Name</u></td> <td style="width:35%"><u>Street or P.O. Address</u></td> <td style="width:15%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:10%"><u>Zip</u></td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>				
5. NATURE OF BUSINESS ANY LAWFUL <i>medical Dr.</i>	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 <u><i>Lester J. Petersen</i></u> Date <u><i>7-15-96</i></u> Name <small>(Typed or Printed)</small> <u><i>above</i></u> Title <u><i>Pres</i></u>								