


No. C 119052	Due no later than Apr 30, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable EAGLE'S VIEW FAMILY MEDICINE, P.C. 6023 N EAGLE RD BOISE, ID 83713		NANCY A BRUS 6632 W TOBI DR BOISE, ID 83703
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	WILLIAM BRUS	6632 W. TOBI DR.	BOISE	ID	83703
SECRETARY	NANCY A. BRUS	6632 W. TOBI DR.	BOISE	ID	83703

5. Organized Under the Laws of: IDAHO C 119052	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature  Name <small>(Typed or Printed)</small> NANCY A. BRUS </div> <div style="width: 35%;"> Date 3-07-01 Title: XXXX SECRETARY </div> </div>
--	---