

| No. C 77245 | Annual Report Form 1996 <i>Due No Later Than November 30,</i> | | 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 | 1. Mailing Address - Please Correct, If Not Correct | | P. JEFFREY THOMPSON, M.D. 1995 E. 17TH ST. IDAHO FALLS ID 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FAMILY EMERGENCY CENTER WEST P. JEFFREY THOMPSON, M.D. 250 SO. SKYLINE DR. | | 3. Organized Under the Laws of: ID C 77245 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * FIRST NOTICE * IDAHO FALLS ID 83402 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Barton E. Brower</td> <td>1995 E. 17th St.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>P. Jeffrey Thompson</td> <td>1995 E. 17th St.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td rowspan="2">Directors:</td> <td>Roger S. Brunt</td> <td>1995 E. 17th St.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Gene K. Hodges</td> <td>2680 Channing Way, Suite 201</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td></td> <td>Mahlon Hiestand</td> <td>250 S. Skyline</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td></td> <td>Kim O. Johnson</td> <td>6195 E. Sunnyside</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table> | | | | Office held | Name | Street or P.O. Address | City | State | Zip | President | Barton E. Brower | 1995 E. 17th St. | Idaho Falls, | ID | 83404 | Secretary | P. Jeffrey Thompson | 1995 E. 17th St. | Idaho Falls, | ID | 83404 | Directors: | Roger S. Brunt | 1995 E. 17th St. | Idaho Falls, | ID | 83404 | Gene K. Hodges | 2680 Channing Way, Suite 201 | Idaho Falls, | ID | 83404 | | Mahlon Hiestand | 250 S. Skyline | Idaho Falls, | ID | 83404 | | Kim O. Johnson | 6195 E. Sunnyside | Idaho Falls, | ID | 83404 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President | Barton E. Brower | 1995 E. 17th St. | Idaho Falls, | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary | P. Jeffrey Thompson | 1995 E. 17th St. | Idaho Falls, | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | Roger S. Brunt | 1995 E. 17th St. | Idaho Falls, | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Gene K. Hodges | 2680 Channing Way, Suite 201 | Idaho Falls, | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mahlon Hiestand | 250 S. Skyline | Idaho Falls, | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kim O. Johnson | 6195 E. Sunnyside | Idaho Falls, | ID | 83404 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS MEDICAL SERVICES | | 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>P. Jeffrey Thompson</u> Date <u>7/24/96</u> Name (Typed or Printed) <u>P. Jeffrey Thompson</u> Title <u>Secretary</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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