

No. C 110761		Due no later than May 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO FAMILY PHYSICIANS, P.A. MICHAEL O ROE P.O. BOX 829 BOISE ID 83701		IRVIN E SACKMAN JR MD 130 E. BOISE AVE. BOISE ID 83706		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	GREGORY W JOHNSON MD	130 E. BOISE AVE.	BOISE	ID	USA	83706
TREASURER	ANN E ERWIN MD	130 E. BOISE AVE.	BOISE	ID	USA	83706
PRESIDENT	MONT B TOLMAN DO	130 E. BOISE AVE.	BOISE	ID	USA	83706
PRESIDENT	MARK R RUTHERFORD MD	130 E. BOISE AVE.	BOISE	ID	USA	83706
PRESIDENT	IRVIN E SACKMAN JR MD	130 E. BOISE AVE.	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 110761		6. Annual Report must be signed.* Signature: Michael O. Roe Name (type or print): Michael O. Roe Date: 07/17/2014 Title: Attorney				
Processed 07/17/2014		* Electronically provided signatures are accepted as original signatures.				