

July 22, 1996

Peter Petersen  
Peter F. Petersen M.D., P.A. C67171  
1173 University Dr.  
Boise ID 83706

RE: Peter F. Petersen M.D., P.A. C67171

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.

The annual report must be signed by an authorized individual designated by the Board of the corporation.

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. <b>C 67171</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		PETER F. PETERSEN 1173 UNIVERSITY DRIVE  BOISE ID 83706	
	PETER F. PETERSEN, M.D., P.A. PETER F. PETERSEN 1173 UNIVERSITY DRIVE  BOISE ID 83706			
3. Organized Under the Laws of:				
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>
Pres.	Peter F. Petersen	1173 University Dr.	Boise	ID 83706
5. NATURE OF BUSINESS  OPHTHALMOLOGY		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 _____ Date _____  Name <small>(Typed or Printed)</small> _____ Title _____		

ISSUED: 07-06-1996

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