	1 1101110011	ONS ON REVERSE SIDE	10.0	4.040	
No. 074443	Idaho Corporation Annual Report Form Due No Later Than November 1,1988 1. Mailing Address — Please Correct 074443 MAGIC VALLEY FAMILY PHYSICIANS+ RANDALL J. SLICKERS+ M.D. 560 SHOUP AVENUE WEST		2. Registered Agent and Office RANDALL J. SLICKERS. M.D. 566 SHOUP AVENUE WEST		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720					
			En		
			28 NCT 3 PM 2 59	TWIN FALLS, IDA	
4. Names and Addresses of Office	rs and Directors				•
	Name	Street or P.O. Address	City	<u>State</u>	<u>Zio</u>
	es E. Scheel, M.D neth Harris, M.D.	Rt. #4, Box 70 Rt. #4, Box 73			83301 83301
		ACCOUNTS OF THE PROPERTY OF TH			
5. Nature of Business	6. I certify that the true, correct an	is Annual Report has been exam	nined by me and is to the	best of my	knowledge

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