July 26, 1995

Donald r Bjornson 2860 Channing Way ste 116 Idaho Falls Id 83404

RE: EASTERN IDAHO PHYSICIANS W 340

Dear :Donald:

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1995 to avoid cancellation.

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 Derhies

Sheryl DeVries Corporate Division

Enclosures: cited

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| No.<br>Return To<br>Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID, 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED | Idaho Limited Liability Company Annual Report Form<br>Due No Later Than November 30, 1995<br>1 Maning Address - Please Correct Wind Councel<br>EASTERN IDAHO PHYSICIANS ORGANI<br>DONALD R BJORNSON<br>2860 CHANNING WAY, SUITE 115<br>IDAHO FALLS ID 83404 | 2: Register<br>DONAL<br>2860<br>IDAHO<br>3. Organize | JED: 07-04-19<br>ed Agent and Office - NOT<br>OR BJORNSON<br>CHANNING WAY<br>FALLS ID<br>ed Under The Laws of<br>ID<br>340 | SUITE | 116 |
|---|---|--|--|-------|-----|
| 4. Names and Addresses of   | Managers or  Members (check one)  | MUST   | E PRINTED OR TYPE  | D     |     |
| Name  | Street or P.O. Address  | City   | <u>State</u>   | Zip   |     |
| 5. Signature of the Current Registe<br>(if changed in block 2)  | ered Agent 6. I certify that this Annual Report has b<br>knowledge true, correct and complete<br>Signature Report A Signature   |  | ed by me and is to the I   |       |     |

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