

No. 85397

Idaho Corporation Annual Report Form

2. Registered Agent and Office **NOT A P.O. BOX**

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1993

1. Mailing Address: *Please Complete If Not Current*

PHYSICIAN SERVICES, P.A.
CRAIG A. SINKINSON
P.O. BOX 659

HAGERMAN ID 83332

CRAIG A. SINKINSON
645 RIVER ROAD

HAGERMAN ID 83332

3. Incorporated Under The Laws

of ID

NO: 85397

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPEDNameStreet or P.O. AddressCityStateZip

President: Craig A. Sinkinson

P. O. Box 659

Hagerman

ID

83332

Secretary: Marilee J. Kuracina

P. O. Box 659

Hagerman

ID

83332

Directors:

5. Nature of Business

Contract Emergency Dept.
Physicians

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

Name *(Typed or Printed)*

Craig A. Sinkinson

Date

Title

1/20/93

President