Due No Later Than N  1. Mailing Address — Please	Correct SEN, M.D., P. A. SEN Y DRIVE	2. Registered Agent PETER F. P 1173 UNIVE BOISE 3. Incorporated Und of ID	ETERSEN RSITY DRI	:VE 83706 6	
1. Mailing Address — Please  PETER F. PETER PETER F. PETER 1173 UNIVERSIT	Correct SEN, M.D., P. A. SEN Y DRIVE	BOISE 3. Incorporated Und	RSITY DRI		
PETER F. PETER PETER F. PETER 1173 UNIVERSIT	SEN, M.D., P.A. SEN Y DRIVE	3. Incorporated Und		83706 6	
BOISE		1	3. Incorporated Under The Laws		
	ID 83706	No: 067171			
and Directors					
<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>	
F Petersen, M.D.	. 1173 University	Dr. Boise	e, Idaho	83706	
F Petersen, M.D.		Dr. Boise		83706	
F Petersen, M.D.	. 1173 University	Dr. Boise	e, Idaho	83706	
6. I certify that this true, correct and	s Angual Beport has been exam	nined by me and is to	the best of my k	nowledge	
Signature	uffer a	Date Title I	1/25/90		
•	F Petersen, M.D. F Petersen, M.D. F Petersen, M.D.  6. I certify that this true, correct and Signature	F Petersen, M.D. 1173 University F Petersen, M.D. 1173 University F Petersen, M.D. 1173 University  6. I certify that this Annual Beport has been example to true, correct and complete.  Signature	F Petersen, M.D. 1173 University Dr. Boise F Petersen, M.D. 1173 University Dr. Boise F Petersen, M.D. 1173 University Dr. Boise  6. I certify that this Angual Beport has been examined by me and is to true, correct and camplete.  Signature  Date	F Petersen, M.D. 1173 University Dr. Boise, Idaho F Petersen, M.D. 1173 University Dr. Boise, Idaho F Petersen, M.D. 1173 University Dr. Boise, Idaho  6. I certify that this Angual Beport has been examined by me and is to the best of my k true, correct and complete.  Signature  Date  Date	

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