

| No. 042400   | Idaho Corporation Annual Report Form  |   | 2. Registered Agent and Office   |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
|--|---|---|--|-------|-----|------|------------------------|------|-------|-----|------------|--------------------|------|---------------|--|--|------------|--|--|--|--|--|------------|-------|-----------|------|---|---|--|--|--|---|---|---|
| Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>RECEIVED<br>SEC. OF STATE  | Due No Later Than November 1, 1987  |   | LESTER J. PETERSEN<br>ONE PROFESSIONAL PLAZA<br>REXBURG, IDAHO 83440<br>ENTERED<br>JUL 30 1987 |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
|  | 1. Mailing Address — Please Correct 042400<br><br>FAMILY MEDICAL CENTER, P.A.<br>LESTER J. PETERSEN, M.D.<br>ONE PROFESSIONAL PLAZA<br>REXBURG, IDAHO 83440 |   |  |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
| 3. Incorporated Under The Laws of STATE OF IDAHO   |   |   |  |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
| 4. Names and Addresses of Officers and Directors<br><table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>LESTER J. PETERSEN</td> <td>M.D.</td> <td colspan="3">Same as above</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>Directors:</td> <td>HYRUM</td> <td>BLACKBURN</td> <td>M.D.</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td></td> <td></td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table> |   |   |  |       |     | Name | Street or P.O. Address | City | State | Zip | President: | LESTER J. PETERSEN | M.D. | Same as above |  |  | Secretary: |  |  |  |  |  | Directors: | HYRUM | BLACKBURN | M.D. | " | " |  |  |  | " | " | " |
|  | Name  | Street or P.O. Address  | City   | State | Zip |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
| President:   | LESTER J. PETERSEN  | M.D.  | Same as above  |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
| Secretary:   |   |   |  |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
| Directors:   | HYRUM   | BLACKBURN   | M.D.   | "     | "   |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
|  |   |   | "  | "     | "   |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |
| 5. Nature of Business<br>Medical Practice  |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>Lester J. Petersen</u> Date <u>7-22-87</u><br>Name (Typed or Printed) _____ Title <u>Pres</u> |  |       |     |      |                        |      |       |     |            |                    |      |               |  |  |            |  |  |  |  |  |            |       |           |      |   |   |  |  |  |   |   |   |