

INSTRUCTIONS ON REVERSE SIDE

No. 042400	Idaho Corporation Annual Report Form		2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987		LESTER J. PETERSEN ONE PROFESSIONAL PLAZA REXBURG, IDAHO 83440 ENTERED
	1. Mailing Address — Please Correct 042400		
FAMILY MEDICAL CENTER, P.A. LESTER J. PETERSEN, M.D. ONE PROFESSIONAL PLAZA REXBURG, IDAHO 83440		3. Incorporated Under The Laws of STATE OF IDAHO	
4. Names and Addresses of Officers and Directors 87 JUL 28 1987 83440			
President: Secretary: Directors:	Name LESTER J. PETERSEN MD	Street or P.O. Address Same as above	City State Zip
	HYRUM BLACKBURN MD	" " "	
5. Nature of Business 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. Signature Name (Typed or Printed) Lester J. Petersen		
	Date 7-22-87 Title Pres		

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