

42400

INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1992	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	1. Mailing Address - Please Correct, If Not Correct	LESTER J. PETERSEN ONE PROFESSIONAL PLAZA
	FAMILY MEDICAL CENTER, P.A. LESTER J. PETERSEN, M.D. ONE PROFESSIONAL PLAZA  REXBURG ID 83440 0000	REXBURG ID 83440  3. Incorporated Under The Laws of ID NO: 42400

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Lester J. Petersen	1 Professional Plaza	Rexburg	Idaho	83440
Secretary:		"	"	"	"
Directors:	Hyrum Blackburn				

## 5. Nature of Business

Medical office

## 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

Title

7-8-92

Pres