Page 1 of 1

No. C 110761	Due no later than 5,	_	2. Registered Ager (NO PO BOX)	gistered Agent and Address PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREE PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FAMILY PHYSICIANS, P.A. IRVIN E SACKMAN JR MD 130 E. BOISE AVE BOISE ID 83706		IRVIN E SACKMAN JR MD 130 E. BOISE AVE. BOISE ID 83706 3. New Registered Agent Signature:		
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Office Held Name	Business Addresses of President, Secr Street or	etary and Directors. PO Address	City	State	Žiρ
vice President Mark Vice President Mont	E. Sackman Jr., MD R. Rutherford, MO B. TOlman, DO E. Erwin, MD	130 E. Bois 130 E. Bois 130 E. Boi 130 E. Boi	se Ave. ise Ave. ii	boise,10 Boise,10	88704
secretary Greg	lory W. Johnson, MD	130 E. BUI	se Ave., e	oise, ID	837 ₀₄
5. Organized Under the Laws of: ID C 110761	6. Annual Report must be signed. Signature: Name(type or print): Mark	2. Rutherfr	ord, MD.	nere: <u>G29/0</u> ° nte: Vice P	9 Vesiden
Issued 6/18/2009 by SL1					5001626