

No. C 85397

Due no later than December 31, 2004  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PHYSICIAN SERVICES, P.A.  
~~CRAIG A SINKINSON~~ MARILEE J. KURACINA  
~~PO BOX 2002~~ P.O. Box 1004  
~~MCCALL, ID 83638-2002~~ NAMPA, ID  
83653-1004

CRAIG A. SINKINSON  
645 RIVER ROAD  
HAGERMAN, ID 83332

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT:	MARILEE J. KURACINA	P.O. Box 1004	NAMPA, ID	ID	83653-1004
VICE PRES:	CRAIG A. SINKINSON	P.O. Box 2002	MCCALL, ID	ID	83638-2002
SECRETARY:	CRAIG A. SINKINSON	P.O. Box 2002	MCCALL, ID	ID	83638-2002
TREASURER:	MARILEE J. KURACINA	P.O. Box 1004	NAMPA, ID	ID	83653-1004

5. Organized Under the Laws of:

IDAHO  
C 85397

6.

Signature

*Craig A. Sinkinson*

Date

10/19/04

Name

(Typed or Printed)

CRAIG A. SINKINSON

Title

SECRETARY