

No. C 92811	Annual Report Form <i>Due No Later Than November 30, 1976</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct LYNN P. ESKELSON, M.D., P.A. LYNN P. ESKELSON 485 E. STREET		SCOTT P. ESKELSON 485 E. STREET IDAHO FALLS ID 83402
* FIRST NOTICE *	IDAHO FALLS	ID 83402	3. Organized Under the Laws of: ID C 92811
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Pres	Lynn P. Eskelson	599 Green Circle	Preston Id. 83263
Sec	Scott P. Eskelson	485 E St.	Id Falls Id 83402
5. NATURE OF BUSINESS MEDICINE		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 <u>Scott P. Eskelson</u> Date <u>7-16-96</u> Name <small>(Typed or Printed)</small> <u>Scott P. Eskelson</u> Title <u>Sec.</u>	

ISSUED: 07-06-1996

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