

No. 88641 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address: Please Correct If Not Correct FAMILY PRACTICE GROUP, P.A. MICHAEL S. BAKER 755 HOSPITAL WAY, STE. A- POCA TELLO ID 83201	2. Registered Agent and Office NOT A P.O. BOX MICHAEL S. BAKER 755 HOSPITAL WAY, STE. A- POCA TELLO ID 83201 3. Incorporated Under The Laws of ID NO: 088641																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Michael S. Baker</td> <td>755 Hospital Way, A-4</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>Suzanne G. Baker</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>none</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Michael S. Baker	755 Hospital Way, A-4	Pocatello	ID	83201	Secretary:	Suzanne G. Baker	"	"	"	"	Directors:	none				
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Directors:	none																									
5. Nature of Business Physicians' 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. <table border="1"> <tr> <td>Signature</td> <td>Shelly R. Norton</td> <td>Date</td> <td>7/8/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Shelly R. Norton</td> <td>Title</td> <td>Asst. Admin.</td> </tr> </table>		Signature	Shelly R. Norton	Date	7/8/91	Name (Typed or Printed)	Shelly R. Norton	Title	Asst. Admin.																
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