

No.

C 86337

## Annual Report Form

Due No Later Than November 30,

1996

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

WESTERN MEDICAL ASSOCIATES,  
THOMAS E. NICKOL, M.D.  
P.O. BOX 2318

THOMAS E. NICKOL, M.D.  
3421 ANGIE CIRCLE

COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

\* FIRST NOTICE \*

COEUR D'ALENE ID 83814

ID C 86337

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President	Thomas E. Nickol, M.D.	3421 Angie Circle CDA	Idaho	83814
Co-Vice Pres	Steven J. Malek, M.D.	3905 S. Deer Ridge Rd	Post Falls	ID 83854
Co-Vice Pres	Robin R. Shaw, M.D.	1760 N Johnson rd	CDA	Idaho 83814
Secretary	Paul F. Paschall, M.D.	11455 Eastshore	Hayden	ID 83835
Co-Treasurer	David R. Barnes, M.D.	8325 Uplands Dr	Hayden	ID 83835
Co-Treasurer	Michael L. Ettner, M.D.	1105 W Garwood Rd,	Rathdrum	ID 83858

5.

NATURE OF BUSINESS

MEDICAL SERVICES

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 Thomas E. Nickol Date 7/24/96Name (Typed or Printed) Thomas E. Nickol M.D. Title President

ISSUED: 07-06-1996

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