

No. C 82439

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

IDAHO PHYSICIAN ASSOCIATES
MICHAEL P. GIBSON, MD
5533 EMERALD ST.
BOISE ID 83704MICHAEL P. GIBSON, MD
5533 EMERALD ST.
BOISE ID 83704

3. Organized Under the Laws of:

* FIRST NOTICE *

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 held	Name	Street or P.O. Address	City	State	Zip
President	Michael Gibson	6533 Emerald St.	Boise	ID	83704
Vice President	Joel Hesby	6533 Emerald St.	Boise	ID	83704
Secretary/ Treasurer	Thomas Goodell	471 Baybrook Ct.	Boise	ID	83706
Director	D. David Hartman	471 Baybrook Ct.	Boise	ID	83706
Director	Gregory Lewer	471 Baybrook Ct.	Boise	ID	83706
Director	O. David Johnson	6533 Emerald St.	Boise	ID	83704
Director	Frank Wreggelsworth	6533 Emerald St.	Boise	ID	83704
Director	Paul Ryan	6533 Emerald St.	Boise	ID	83704

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

Date

8-22-96

Name

(Typed or
Printed)

Michael Gibson

Title

President

ISSUED: 07-06-1996

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