INSTRUCTIONS ON REVERSE SIDE

No. 545

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1 Mailing Address -- *Please Correct If Not Correct*

PHYSICIANS CHOICE, L.L.C.
DENNIS N CARTER
121 E FORT ST

BOISE ID 83712

2. Registered Agent and Office NOT A P.O. BOX

DENNIS N CARTER
121 E FORT ST

BOISE ID 83712

3. Organized Under The Laws of

ID

NO: 545

4. Names and Addresses of ☑ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
See list				

5. Signature of the Current Registered Agent
(if changed in block 2)

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 [signature] Date 11/25/95

Name (Typed or Printed) DENNIS N CARTER

Physicians Choice

BOARD MEMBERS

Wade Bateman, MD
3212 N. Maple Grove Rd.
Boise, ID 83704

Jeffrey Hartford, MD
4809 Fairview
Boise, ID 83706

Dennis Carter, MD
121 E. Fort St.
Boise, ID 83712

Michael Pecora, MD
10464 Garverdale Dr.
Boise, ID 83704

Richard Stillinger, MD
190 E. Bannock
Boise, ID 83712

Mark Szentes, MD
222 N. 2nd, #203
Boise, ID 83702

J. W. Smith, MD
287 West Jefferson
Boise, ID 83702