

No. C 65527	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		PETER C ZIMMERMAN 1449 E 17TH ST  IDAHO FALLS ID 83404																			
	PETER C. ZIMMERMAN, M.D. P.A PETER C. ZIMMERMAN P.O. BOX 2171  IDAHO FALLS ID 83403		3. Organized Under the Laws of:  ID C 65527																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="18 359 1462 469"> <thead> <tr> <th>Office held</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>Peter C. Zimmerman</td> <td>P.O. Box 2171</td> <td>Idaho Falls</td> <td>ID</td> <td>83403</td> </tr> <tr> <td>Secretary</td> <td>Rhonda Zimmerman</td> <td>P.O. Box 2171</td> <td>Idaho Falls</td> <td>ID</td> <td>83403</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Peter C. Zimmerman	P.O. Box 2171	Idaho Falls	ID	83403	Secretary	Rhonda Zimmerman	P.O. Box 2171	Idaho Falls	ID	83403
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Peter C. Zimmerman	P.O. Box 2171	Idaho Falls	ID	83403																	
Secretary	Rhonda Zimmerman	P.O. Box 2171	Idaho Falls	ID	83403																	
5. NATURE OF BUSINESS  MEDICAL PRACTICE		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><i>Peter C. Zimmerman</i></u> Date <u>8-15-96</u> Name (Typed or Printed) <u>Peter C. Zimmerman</u> Title <u>M.D.</u>																				

ISSUED: 07-06-1996

7459