

No. W 4319	Annual Report Form 1998 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct REXBURG FAMILY MEDICAL CENTE #1 PROFESSIONAL PLAZA REXBURG ID 83440		LESTER J PETERSON #1 PROFESSIONAL PLAZA REXBURG ID 83440 3. Organized Under the Laws of: ID W 4319																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)																						
<table border="0"> <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>Pres</td> <td>Lester J. Petersen</td> <td>1 Prof Plaza</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> <tr> <td>Sec</td> <td>Michael Pachter</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Lester J. Petersen	1 Prof Plaza	Rexburg	Id	83440	Sec	Michael Pachter	"	"	"	"
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Pres	Lester J. Petersen	1 Prof Plaza	Rexburg	Id	83440																	
Sec	Michael Pachter	"	"	"	"																	
5. Signature of New Registered Agent		6. Signature <u>Lester J. Petersen</u> Date <u>7-14-98</u> Name (Typed or Printed) <u>LESTER J. PETERSEN</u> Title <u>Pres</u>																				

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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