

No. <b>C100682</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>SCOTT M. PACKER M.D.</b> <del>997-BLUESIRD-PLACE</del> 7584 South 8th West <b>IDAHO FALLS ID 83402</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>PACKER EMERGENCY MEDICAL SER</b> <b>SCOTT M. PACKER M.D.</b> <b>P O BOX 2235</b>	3. Organized Under the Laws of:  <b>ID</b> <b>C100682</b>
* <b>FIRST NOTICE *</b> <b>IDAHO FALLS</b> <b>ID 83403</b>		
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Scott Packer	7584 South 8th West
		Idaho Falls Idaho 83402
Director:	Scott Packer	7584 South 8th West
		Idaho Falls Idaho 83402
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL SERVICES</b>		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>Scott Packer</i></u> Date <u>10/3/96</u> Name (Typed or Printed) <u>Scott Packer</u> Title <u>President</u>

**ISSUED: 07-06-1996**

**8220**