

No. C 44350

Annual Report Form 1996
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

1. Mailing Address - Please Correct, If Not Correct

IVYL W. WELLS, M.D. PROFESSI
IVYL W. WELLS, M.D.
465 MC KENNA DRIVE

IVYL W. WELLS, M.D.
465 MCKENNA DRIVE

MOUNTAIN HOM ID 83647

3. Organized Under the Laws of:

ID C 44350

* FIRST NOTICE *

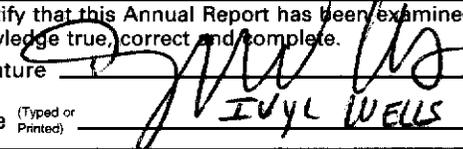
MOUNTAIN HOME ID 83647

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	IVYL W. WELLS M.D.	465 McKenna Drive	Mountain Home	Idaho	83647
Secretary	Karen L. Lomand	465 McKenna Drive	Mountain Home	Idaho	83647
Director	Layne D. Roberts, DO	465 McKenna Drive	Mountain Home	Idaho	83647
Director	Ivyl W. Wells, M.D.	465 McKenna Drive	Mountain Home	Idaho	83647

5. NATURE OF BUSINESS

MEDICAL

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 7/22/96
Name IVYL WELLS Title PRES

ISSUED: 07-06-1996

15001