INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1993

No. 50578

Idaho Corporation Annual Report Form

Due No Later Than November 1,

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address

ROCCO P. CIFRESE, M.D. & SARA A
ROCCO P CIFRESE, M.D.
1995 EAST 17TH STREET

IDAHO FALLS ID 83404

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

ROCCO P. CIFRESE
1995 EAST 17TH ST.

IDAHO FALLS ID 83404

3. Incorporated Under The Laws of ID
NO: 50578

4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	Rocco P. CIFRESE, M.D.	As Above.			
Secretary:	SARA A. CIFRESE, MD				
Directors:	Above				

Rocco P. Cifrese M.D.
1995 E. 17th Street
Idaho Falls, ID 83404

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 R Cifrese MD Date 7/8/93

Name (Typed or Printed)

Title