

No. C 78380	Annual Report Form Due No Later Than November 30, 1997		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 FURNESS MEDICAL, INC. SHARON A. FURNESS PO BOX 798 111 LILLIAN ST SALMON ID 83467		SHARON A FURNESS 103 BITTERROOT LANE SALMON ID 83467 3. Organized Under the Laws of: ID C 78380																		
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 type="checkbox"/> Members (check one) <table border="1"> <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>Sharon A. Furness</td> <td>103 Bitterroot Ln. Salmon, Idaho 83467</td> <td colspan="3">business address: 111 Lillian St. Salmon, ID 83467</td> </tr> <tr> <td>Sec/Treas</td> <td>Amber L. Ricks</td> <td>903 Edwards St. Salmon, Idaho 83467</td> <td colspan="3"></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	president	Sharon A. Furness	103 Bitterroot Ln. Salmon, Idaho 83467	business address: 111 Lillian St. Salmon, ID 83467			Sec/Treas	Amber L. Ricks	903 Edwards St. Salmon, Idaho 83467			
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5.	6. <table border="1"> <tr> <td>Signature</td> <td><i>Sharon A. Furness</i></td> <td>Date</td> <td>7/29/97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>SHARON A. FURNESS</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	<i>Sharon A. Furness</i>	Date	7/29/97	Name (Typed or Printed)	SHARON A. FURNESS	Title	President										
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Name (Typed or Printed)	SHARON A. FURNESS	Title	President																		

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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