

No. <u>C 55357</u>	Annual Report Form Due No Later Than November 30, <u>1996</u>		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 <u>WARD E. DICKEY, M.D., CHARTER</u> <u>WARD E. DICKEY</u> <u>1515 EAST JEFFERSON</u>		<u>DONALD LOJEK</u> <u>305 W FORT</u> <u>BOISE</u> ID <u>83702</u> 3. Organized Under the Laws of: ID <u>C 55357</u>																			
* FIRST NOTICE * <u>BOISE</u> ID <u>83712</u>																						
4. Corporations: Enter Names and 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="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td><u>W E Dickey</u></td> <td><u>See above</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary</td> <td><u>Maurice Dickey</u></td> <td><u>See above</u></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	<u>W E Dickey</u>	<u>See above</u>				Secretary	<u>Maurice Dickey</u>	<u>See above</u>			
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Secretary	<u>Maurice Dickey</u>	<u>See above</u>																				
5. NATURE OF BUSINESS <u>MEDICAL PRACTICE</u>	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>Ward E Dickey MD CHD</u> Date <u>7-13-96</u> Name (Typed or Printed) <u>Ward E Dickey MD</u> Title <u>Pres</u>																					

ISSUED: 07-06-1996

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