INSTRUCTIONS ON REVERSE SIDE

No. 73046

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

1. Mailing Address -- *Please Correct If Not Correct*

MICHAEL K. PARENT, M.D., P.A.
MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

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

MICHAEL K. PARENT
307 ST. JOHN'S WAY

LEWISTON ID 83501

3. Incorporated Under The Laws of

ID
NO: 73046

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	MICHAEL PARENT MD	307 St JOHNS WAY,	Lewiston	Idaho	83501
Secretary:					
Directors:	NONE				

5. Nature of Business
Solo 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 Michael K Parent MD Date 1/12/95

Name (Typed or Printed) MICHAEL K PARENT Title President