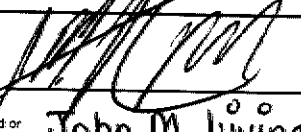


| No. C100298                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Annual Report Form</b><br>Due No Later Than November 30, 1997                                                                                                    |                                                                                                                                                                     | 2. Registered Agent and Office NOT A P.O. BOX                                                                                     |       |             |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------|-------------|------|------------------------|------|-------|-----|-----------|-------------------------|-----------------------|-------|-------|-------|-------------|------------------|-----------------------|-------|-------|-------|-----------|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>** FINAL NOTICE **</b>                                                                                                                                                                                                                                                                                                                                                                                          | 1. Mailing Address - Please Correct, If Not Correct<br><br>JOHN M. LIVINGSTON, M.D., P.<br>JOHN M LIVINGSTON, M.D.<br>999 N CURTIS RD STE 415<br><br>BOISE ID 83706 |                                                                                                                                                                     | DALE G HIGER<br>999 MAIN ST<br>1015 ONE CAPITAL CENTER<br>BOISE ID 83702<br><br>3. Organized Under the Laws of:<br><br>ID C100298 |       |             |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>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>John M. Livingston M.D.</td> <td>999 N. Curtis Ste 415</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Secretary -</td> <td>Linda Livingston</td> <td>999 N. Curtis Ste 415</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                     |                                                                                                                                                                     |                                                                                                                                   |       | Office held | Name | Street or P.O. Address | City | State | Zip | President | John M. Livingston M.D. | 999 N. Curtis Ste 415 | Boise | Idaho | 83706 | Secretary - | Linda Livingston | 999 N. Curtis Ste 415 | Boise | Idaho | 83706 | Treasurer |  |  |  |  |  |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name                                                                                                                                                                | Street or P.O. Address                                                                                                                                              | City                                                                                                                              | State | Zip         |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | John M. Livingston M.D.                                                                                                                                             | 999 N. Curtis Ste 415                                                                                                                                               | Boise                                                                                                                             | Idaho | 83706       |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |
| Secretary -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Linda Livingston                                                                                                                                                    | 999 N. Curtis Ste 415                                                                                                                                               | Boise                                                                                                                             | Idaho | 83706       |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |
| Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                     |                                                                                                                                                                     |                                                                                                                                   |       |             |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                     | 6. Signature  Date 10/15/97<br>Name (Typed or Printed) John M. Livingston Title MD |                                                                                                                                   |       |             |      |                        |      |       |     |           |                         |                       |       |       |       |             |                  |                       |       |       |       |           |  |  |  |  |  |

ISSUED: 10-04-1997

( DO NOT TAPE OR STAPLE )

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