

No. 75510	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1.	T. PHILLIPS, MD
	1. Mailing Address — Please Correct	1320 AQUA VISTA DRIVE
	T. PHILLIPS, M.D., P.S. T. PHILLIPS, MD 1320 AQUA VISTA DRIVE 4815 133 ST. CT. N.W. GIG HARBOR WA 98335	4815 133 ST. CT. N.W. GIG HARBOR WA 98335 3. Incorporated Under The Laws of WA NO: 075510

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	T. Phillips, M.D., P.S.	4815 133 ST. CT. N.W.	Gig Harbor	WA	98335
Secretary:	Patty Nelson Phillips	" " " "	" "	" "	" "
Directors:					

5. Nature of Business

*Implosion - practice
in anesthesiology*

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

Name (Typed or Printed)

Date

Title

Patty Nelson Phillips
 PATTY NELSON PHILLIPS

10/23/90
 Secretary