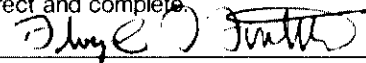
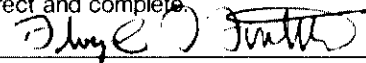
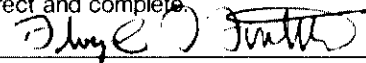


42517

No.  Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  * FIRST NOTICE * NO FEE REQUIRED	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1992 <b>1. Mailing Address — Please Correct, If Not Correct</b> PATHOLOGY ASSOCIATES OF IDAHO F THOMAS MITCHELL MD 1740 E. 17TH ST., #D  IDAHO FALLS ID 83404 0000	2. Registered Agent and Office NOT A P.O. BOX J. THOMAS MITCHELL 1740 EAST 17TH STREET  IDAHO FALLS ID 83404  3. Incorporated Under The Laws of NO: 42517																														
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>J. Thomas Mitchell</td> <td>5025 W Canyon Cr. Rd.</td> <td>Idaho Falls</td> <td>Id</td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td>Floyd J. Fantelli</td> <td>2974 Greentree Ln.</td> <td>Idaho Falls</td> <td>Id.</td> <td>83404</td> </tr> <tr> <td>Directors:</td> <td>Gary E. Ellwein</td> <td>179 11th.</td> <td>Idaho Falls</td> <td>Id.</td> <td>83404</td> </tr> <tr> <td></td> <td>Charles E. Overby</td> <td>3101 Merlin Dr.</td> <td>Idaho Falls,</td> <td>Id.</td> <td>83404</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	J. Thomas Mitchell	5025 W Canyon Cr. Rd.	Idaho Falls	Id	83402	Secretary:	Floyd J. Fantelli	2974 Greentree Ln.	Idaho Falls	Id.	83404	Directors:	Gary E. Ellwein	179 11th.	Idaho Falls	Id.	83404		Charles E. Overby	3101 Merlin Dr.	Idaho Falls,	Id.	83404
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5. Nature of Business  Pathology Associates	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/15/92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td></td> <td>Title</td> <td></td> </tr> </table>		Signature		Date	7/15/92	Name (Typed or Printed)		Title																							
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