


No. C 55998	Annual Report Form 1996 Due No Later Than November 30,		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		WILLIAM CHASE OWENS, M.D. 6016 EMERALD ST.
	WILLIAM C. OWENS, M.D., P.A. WILLIAM C. OWENS 6016 EMERALD ST.		BOISE IDAHO ID 83704
* FIRST NOTICE *	BOISE	ID 83704	3. Organized Under the Laws of: ID C 55998

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	William C. Owens	6016 Emerald	Boise	Id	83704
Secretary	Karen J. Newby	6016 Emerald	Boise	Id	83704
Directors	William C. Owens	6016 Emerald	Boise	Id	83704

5. NATURE OF BUSINESS 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  Date 8/14/96 Name (Typed or Printed) William C. Owens Title President	

ISSUED: 07-06-1996

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