

No. C 67960	Annual Report Form 1995 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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		JOHN B. GRAY 832 CANYON RIM RD TWIN FALLS ID 83301																			
	JOHN B. GRAY, M.D., P.A. JOHN B. GRAY 832 CANYON RIM RD TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C 67960																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors 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 B. GRAY</td> <td>832 CANYON RIM RD</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>ELLEN F. GRAY</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 B. GRAY	832 CANYON RIM RD	TWIN FALLS	ID	83301	SECRETARY	ELLEN F. GRAY	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	JOHN B. GRAY	832 CANYON RIM RD	TWIN FALLS	ID	83301																	
SECRETARY	ELLEN F. GRAY	"	"	"	"																	
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 <u>[Signature]</u> Date <u>7/13/96</u> Name (Typed or Printed) <u>JOHN B GRAY</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-06-1996

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