	ntitional transfer and the contract of the con		ISSUED: D	
lo. 54435	Idaho Corporation Annual Report Form Due No Later Than November 1,1994 1. Mailing Address LYNN C. MCGLOTHIN, M.D. PROFES LYNN C. MCGLOTHIN, M.D. 333 NORTH FIRST, #240			nd Office No. 474 Box
Return To			BOISE ID 83702 3. Incorporated Under The Laws	
Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080				
* FIRST NOTICE * NO FEE REQUIRED	BOISE	10 83702	of ID NO: 54435	
Names and Addresses of Office	ers and Directors	MSIE PRED O		
	<u>Name</u>	Street or P.O. Address	City	State Zip
	C. McGlothin cia McGlothin	333 North First 333 North First		
		J		
		^		
. Nature of Business	6. I certify that	this Annual Report has been exa	mined by me and is to th	e best of my knowledge
Medical Office	Signature	and complete.	Date	7/20/94
	Name (Typed or Printed)	Patricia McGlo	44	Secretary