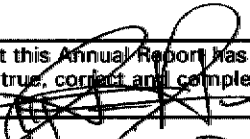


No. C 61245	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, if Not Correct MARTIN J. PETERSEN, M.D., P. MARTIN J. PETERSEN 2250 CROSSCREEK LN		MARTIN J. PETERSEN 2250 S CROSS CREEK LN BOISE ID 83726 3. Organized Under the Laws of: ID C 61245																			
* FIRST NOTICE * BOISE ID 83726																						
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>MARTIN PETERSEN</td> <td>2250 S. CROSSCREEK LN</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>FAY PETERSEN</td> <td>2250 S CROSSCREEK LN</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	MARTIN PETERSEN	2250 S. CROSSCREEK LN	BOISE	ID	83706	Secretary	FAY PETERSEN	2250 S CROSSCREEK LN	BOISE	ID	83706
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Secretary	FAY PETERSEN	2250 S CROSSCREEK LN	BOISE	ID	83706																	
5. NATURE OF BUSINESS MEDICAL SERVICES		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 8-8-96 Name (Typed or Printed) MARTIN PETERSEN Title PRESIDENT																				

ISSUED: 07-06-1995

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