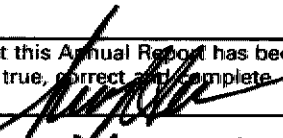


No. C 93279	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  SIDNEY C. HENDERSON, M.D., SIDNEY C. HENDERSON M.D. BOX 364  MCCALL ID 83638		SIDNEY C. HENDERSON, M.D. 998 VALLEY RIM RD  MCCALL ID 83638  3. Organized Under the Laws of:  OR C 90279																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>Pres.</td> <td>Sidney C. Henderson</td> <td>P.O. 864</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> <tr> <td>Sec.</td> <td>E. Kay Henderson</td> <td>P.O. 864</td> <td>McCall</td> <td>ID</td> <td>83638</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Sidney C. Henderson	P.O. 864	McCall	ID	83638	Sec.	E. Kay Henderson	P.O. 864	McCall	ID	83638
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Pres.	Sidney C. Henderson	P.O. 864	McCall	ID	83638																	
Sec.	E. Kay Henderson	P.O. 864	McCall	ID	83638																	
5. NATURE OF BUSINESS  MEDICINE		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 9/8/96 Name (Typed or Printed) Sidney C. Henderson Title Pres																				

ISSUED: 07-06-1996

4889