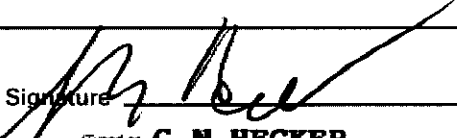
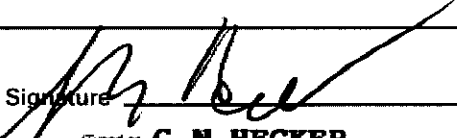
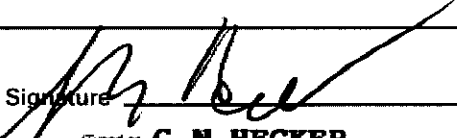


No. C 73778	Annual Report Form 1997 Due No Later Than November 30.		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		G.N. HECKER 999 NO. CURTIS RD. #302 BOISE ID 83706													
	UROLOGIC CLINIC OF BOISE, P. G.N. HECKER 999 N. CURTIS RD., #302 BOISE ID 83706															
4. Corporations: Enter Names and Business 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="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>G N HECKER</td> <td>999 N CURTIS RD #302</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	G N HECKER	999 N CURTIS RD #302	BOISE	ID	83706
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5.		6. <table border="0"> <tr> <td>Signature </td> <td>Date 7/25/97</td> </tr> <tr> <td>Name (Typed or Printed) G N HECKER</td> <td>Title PRESIDENT</td> </tr> </table>			Signature 	Date 7/25/97	Name (Typed or Printed) G N HECKER	Title PRESIDENT								
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ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

22429