

No. C 42517	<b>Annual Report Form 1995</b> 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		J. THOMAS MITCHELL 1740 EAST 17TH STREET  IDAHO FALLS ID 83404																															
	PATHOLOGY ASSOCIATES OF IDAH THOMAS MITCHELL MD 1740 E. 17TH ST., #D  IDAHO FALLS ID 83404		3. Organized Under the Laws of:  ID C 42517																															
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 data-bbox="18 682 525 703">Office held</th> <th data-bbox="525 682 612 703">Name</th> <th data-bbox="612 682 1009 703">Street or P.O. Address</th> <th data-bbox="1009 682 1141 703">City</th> <th data-bbox="1141 682 1290 703">State</th> <th data-bbox="1290 682 1462 703">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>J. Thomas Mitchell</td> <td>1740 E. 17th St., #D</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Vice Pres</td> <td>Charles Overby</td> <td>1740 E. 17th St., #D</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Gary Ellwein</td> <td>1740 E. 17th St., #D</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Treasurer</td> <td>Floyd Fantelli</td> <td>1740 E. 17th St., #D</td> <td>Idaho Falls,</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	J. Thomas Mitchell	1740 E. 17th St., #D	Idaho Falls,	ID	83404	Vice Pres	Charles Overby	1740 E. 17th St., #D	Idaho Falls,	ID	83404	Secretary	Gary Ellwein	1740 E. 17th St., #D	Idaho Falls,	ID	83404	Treasurer	Floyd Fantelli	1740 E. 17th St., #D	Idaho Falls,	ID	83404
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5. NATURE OF BUSINESS Medical Services <del>ANY LAWFUL</del>	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>Thomas Mitchell</u> Date <u>8/29/96</u> Name (Typed or Printed) <u>J. Thomas Mitchell</u> Title <u>President</u>																																	

ISSUED: 07-06-1996

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