

No. C 34055

Annual Report Form 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

1. Mailing Address - Please Correct, if Not Correct

ALPHA-MED., INC. SHARREL D LEWIS 3331 EAST CORONA AVENUE

MICHAEL LEE 1494 THREE FOUNTAIN DRIV IDAHO FALLS ID 83404

3. Organized Under the Laws of:

AZ C 84056

* FIRST NOTICE *

PHOENIX AZ 85040

4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of [] Managers or [] Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT/DIRECTOR	SHARREL D. LEWIS	3331 E. CORONA AVE	PHOENIX	AZ	85040
SECRETARY/DIRECTOR	SANDRA LEWIS	3331 E. CORONA AVE	PHOENIX	AZ	85040

5. NATURE OF BUSINESS

WHOLESALE ORTHOPEDIC EQUIPMENT

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 [Handwritten Signature]

Date 5/20/96

Name (Typed or Printed) SHARREL D. LEWIS

Title PRESIDENT

ISSUED: 07-06-1996

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