

INSTRUCTIONS ON REVERSE SIDE

No. 101658

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

1. Mailing Address: *Physician's Office, 5201 Dry Creek Rd*

K. C. MURPHY, M.D., P.A.

K. C. MURPHY, M.D.

~~RED TAIL RANCH~~ 5201 Dry Creek Rd

RT-1

BOISE

ID 83703

ISSUED: 07-01-1993
2. Registered Agent and Office NOT A P.O. BOXCARL W. HARDER
877 W MAIN ST

BOISE

ID 83702

3. Incorporated Under The Laws

of ID

NO: 101658

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720* FIRST NOTICE *
NO FEE REQUIRED

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President:	K.C. Murphy	5201 Dry Creek Rd	Boise	Id	83703
Secretary:	Marian Shaw Murphy	Same	Same		
Directors:	K.C. Murphy	Same	Same		

5. Nature of Business

Physician

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

Name *(Typed or Printed)*

K.C. Murphy

Date

Title

7/11/93

President