

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 99349	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	DR. BRUCE C. MCCOMAS 496 C SHOUP AVE WEST
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct MAGIC VALLEY SURGERY CLINIC, P. DR. BRUCE C. MCCOMAS 496 C SHOUP AVE WEST TWIN FALLS ID 83301	TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 99349

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Bruce C. McComas, M.D.	496-C Shoup Ave W.	Twin Falls	ID	83301
Secretary:	Stephen E. Schmid, M.D.	496-C Shoup Ave W.	Twin Falls	ID	83301
Directors:					

5. Nature of Business

Physicians
Office

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)

B. C. McComas
 Bruce C. McComas, M.D.

Date

Title

10/3/95
 President