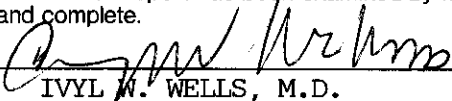
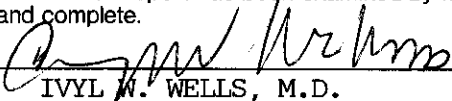
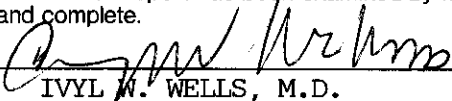


No. 044350	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 87 JUL 14 AM 9 01	Due No Later Than November 1, 1987		IVYL W. WELLS, M.D. 465 MCKENNA DRIVE MOUNTAIN HOME, IDAHO 83647																									
	1. Mailing Address — Please Correct 044350																											
	IVYL W. WELLS, M.D. PROFESSIONAL IVYL W. WELLS, M.D. 465 MC KENNA DRIVE MOUNTAIN HOME, IDAHO 83647		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>IVYL W. WELLS, M.D.</td> <td>465 McKenna Drive, Mountain Home, Idaho</td> <td>83647</td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td>KAREN L. LORMAND</td> <td>465 McKenna Drive, Mountain Home, Idaho</td> <td>83647</td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>IVYL W. WELLS, M.D.</td> <td>" " " " " "</td> <td>" " " " " "</td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	IVYL W. WELLS, M.D.	465 McKenna Drive, Mountain Home, Idaho	83647			Secretary:	KAREN L. LORMAND	465 McKenna Drive, Mountain Home, Idaho	83647			Directors:	IVYL W. WELLS, M.D.	" " " " " "	" " " " " "		
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5. Nature of Business Medicine		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  Name (Typed or Printed) IVYL W. WELLS, M.D. </td> <td>7/13/87</td> </tr> <tr> <td>Title</td> <td></td> </tr> </table>			Signature	Date	 Name (Typed or Printed) IVYL W. WELLS, M.D.	7/13/87	Title																			
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ENTERED

JUL 23 1987

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