

No. C103937

Annual Report Form
Due No Later Than November 30, 1996

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

NO FEE REQUIRED

* FIRST NOTICE *

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

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|----------------|-------------------------------|-------------|--------------|------------|
| President | Darryl Moffett | AS ABOVE | | | |
| Secretary | Laura Moffett | | | | |

5. NATURE OF BUSINESS
MEDICAL PRACTICE

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 Darryl G. Moffett Jr. Date 10/17/96
 Name (Typed or Printed) Darryl G. Moffett Jr. Title President

ISSUED: 07-06-1996

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