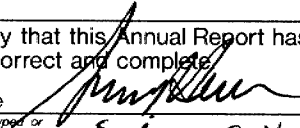
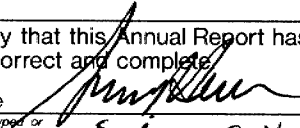
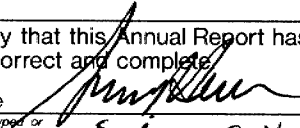


No. 90279 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address -- SIDNEY C. HENDERSON, M.D., P.C. SIDNEY C. HENDERSON M.D. BOX 864 MCCALL ID 83638	2. Registered Agent and Office NOT A P.O. BOX SIDNEY C. HENDERSON, M.D. 306 EDGEWATER CIRCLE 998 Valley Rim Rd. MCCALL ID 83638 3. Incorporated Under The Laws of OR NO: 90279																				
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <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: Sidney C. Henderson</td> <td>P.O. 864</td> <td>McCall</td> <td>ID.</td> <td>83638</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: Sidney C. Henderson	P.O. 864	McCall	ID.	83638	Secretary:					Directors:				
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5. Nature of Business Medical Provider	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 7/25/94</td> </tr> <tr> <td>Name (Typed or Printed) Sidney C. Henderson</td> <td>Title M.D., P.C.</td> </tr> </table>		Signature 	Date 7/25/94	Name (Typed or Printed) Sidney C. Henderson	Title M.D., P.C.																
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