

| | | | |
|--|--|--|--|
| No. C109273 | Annual Report Form <i>Due No Later Than November 30,</i> 1996 | | 2. Registered Agent and Office NOT A P.O. BOX DELAND R BARR 683 EAST THIRD WEISER ID 83672 |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED | 1. Mailing Address - Please Correct, If Not Correct TWO RIVERS MEDICAL CLINIC, P DELAND R BARR 683 EAST THIRD WEISER ID 83672 | | 3. Organized Under the Laws of: ID C109273 |
| * FIRST NOTICE * | | | |
| 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> 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 | DELAND R. BARR | P.O. Box 871 | WEISER ID. 83672 |
| SECRETARY | ANTHONY L EDMONDSON | " | " " " |
| 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 _____ Date 7-16-96 Name (Typed or Printed) ANTHONY L EDMONDSON Title SEC/DEAR | |

ISSUED: 07-06-1996

16101