

No. <b>C114965</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1995</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  TEMP R. PATTERSON, MD P.A. TEMP R PATTERSON 2311 PARKE AVE STE 8  BURLEY ID 83318		TEMP R PATTERSON 2311 PARKE AVE STE 8 BURLEY ID 83318
<b>* FIRST NOTICE *</b>	3. Organized Under the Laws of:  ID C114965		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u> President  Secretary	<u>Name</u> Temp R. Patterson, MD  Jean A. Patterson	<u>Street or P.O. Address</u> 2311 Park Ave  2010 Bennett Ave	<u>City</u> Burley  Burley
			<u>State</u> ID  ID
			<u>Zip</u> 83318  83318
5. NATURE OF BUSINESS  OTORHINOLARYNGOLOGY		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 <u>Temp R. Patterson</u> Date <u>July 23, 1996</u> Name (Typed or Printed) <u>Temp R. Patterson</u> Title <u>President</u>	

ISSUED: 07-06-1996

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