

No. C109505

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

1. Mailing Address - Please Correct, If Not Correct

BOUNDARY HEALTH NETWORK, INC
WILLIAM MCCREIGHT, M.D.
HCR 61 BOX 61A

WILLIAM MCCREIGHT, M.D.
5640 ~~KANIKSY~~ DR
KANIKSU
BONNERS FERRY ID 83805

3. Organized Under the Laws of:

* FIRST NOTICE * BONNERS FERRY ID 83805 ID C109505

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

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT/ DIRECTOR	William MCCREIGHT, MD	HCR 61, BOX 61A	BONNERS FERRY	ID	83805
SECRETARY/ DIRECTOR	William MCCINTOCK	HCR 61, BOX 61A	BONNERS FERRY	ID	83805

5. NATURE OF BUSINESS

HEALTH CARE SERVICES

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 [Signature] Date 7/18/96
Name (Typed or Printed) William T. McCintock Title Secretary/Director

ISSUED: 07-06-1996

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