

No. C 76069	Annual Report Form <i>Due No Later Than November 30,</i> 1999		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 *	1. Mailing Address - Please Correct, If Not Correct		R. DENNIS DAVIS 108 FIREWEED SUN VALLEY ID 83353		
	MOUNTAIN MEDICAL ASSOCIATES, R. DENNIS DAVIS P. O. BOX 242		3. Organized Under the Laws of: ID C 76069		
	SUN VALLEY ID 83353				
4. Corporations: Enter Names and Business 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>
<i>President</i> <i>Secretary</i>	<i>R. Dennis Davis</i> <i>Greg Taylor</i>	<i>P.O. Box 242</i> <i>P.O. Box 2042</i>	<i>Sun Valley</i> <i>Ketchum</i>	<i>ID</i> <i>ID</i>	<i>83353</i> <i>83353</i>
5. Signature of New Registered Agent		6.			
		Signature			
		Date <i>8/2/99</i>			
		Name <small>(Typed or Printed)</small> <i>R. Dennis Davis, MD</i>			
		Title <i>President</i>			

ISSUED: 07-03-1999

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