

No. C111734	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX ANN R REYNOLDS 76 E 100 S REXBURG ID 83440																		
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		3. Organized Under the Laws of: ID C111734																		
	UPPER VALLEY INTERNAL MEDICI ANN R REYNOLDS 76 E 100 S REXBURG ID 83440																				
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)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Ann R. Reynolds</td> <td>H.O. 76 E. 1st S.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Secretary</td> <td>Lael Reynolds</td> <td>439 E. Terra Vista</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Ann R. Reynolds	H.O. 76 E. 1st S.	Rexburg	ID	83440	Secretary	Lael Reynolds	439 E. Terra Vista	Rexburg	ID	83440
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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 <u><i>Robyn Lewis</i></u> Date <u>01/18/96</u> Name (Typed or Printed) <u>Robyn Lewis</u> Title <u>Office Manager</u>																			

ISSUED: 07-06-1996

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