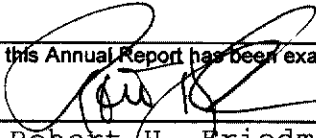


INSTRUCTIONS ON REVERSE SIDE

No. 91837	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX ROBERT H. FRIEDMAN, M.D.
Return To	Due No Later Than November 30, 1995	204 FORT PLACE
Secretary of State 700 W Jefferson P.O. Box 83720	1. Mailing Address -- Please Correct If Not Correct IDAHO PHYSICAL MEDICINE AND NER	BOISE ID 83701
Boise, ID 83720-0080 * FIRST NOTICE *	ROBERT H. FRIEDMAN, M.D. 204 FORT PLACE	3. Incorporated Under The Laws of ID
NO FEE REQUIRED	BOISE ID 83701	NO: 91837

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Michael S. Weiss, MD	P.O. Box 1128	Boise	ID	83701
Secretary:	Robert H. Friedman, MD	P.O. Box 1128	Boise	ID	83701
Directors:	Michael S. Weiss, MD	P.O. Box 1128	Boise	ID	83701
	Robert H. Friedman, MD	P.O. Box 1128	Boise	ID	83701
	W. Michael Breland, MD	P.O. Box 1128	Boise	ID	83701
	Monte H. Moore, MD	P.O. Box 1128	Boise	ID	83701

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 <u>8/7/95</u> Name (Typed or Printed) <u>Robert H. Friedman, MD</u> Title <u>CEO/Secretary</u>
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