

No. C 46207	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 D. A. DAUGHARTY, M.D., P.A. DUANE A. DAUGHARTY, M.D. 920 IRONWOOD DRIVE		D.A. DAUGHARTY, M.D. 920 IRONWOOD DR. COEUR D'ALENE ID 83814																			
	3. Organized Under the Laws of:		ID C 46207																			
	* FIRST NOTICE *																					
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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DUANE A. DAUGHARTY, MD</td> <td>715 FOSTER</td> <td>CO ID</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>SECRETARY</td> <td>MIRIAM J. DAUGHARTY</td> <td>715 FOSTER</td> <td>CO ID</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DUANE A. DAUGHARTY, MD	715 FOSTER	CO ID	ID	83814	SECRETARY	MIRIAM J. DAUGHARTY	715 FOSTER	CO ID	ID	83814
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SECRETARY	MIRIAM J. DAUGHARTY	715 FOSTER	CO ID	ID	83814																	
5. NATURE OF BUSINESS MEDICAL PRACTICE ANY LAWFUL		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>Duane Daugharty</i></u> Date <u>7/23/96</u> Name (Typed or Printed) <u>DUANE DAUGHARTY, MD</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-06-1996

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