

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 109946

Idaho Corporation Annual Report Form

2. Registered Agent and Office NOT A P.O. BOX

Return To

Due No Later Than November 30, 1995

KARL R DECKER
501 PARK AVESecretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

1. Mailing Address - Please Correct if Not Correct

SNAKE RIVER ANESTHESIA, PROFESS
GARY D CALL
PO BOX 417

IDAHO FALLS ID 83402

* FIRST NOTICE *
NO FEE REQUIRED

BLACKFOOT ID 83221

3. Incorporated Under The Laws of
ID
NO: 109946

4. Names and Addresses of Officers and Directors

| Name | Street or P.O. Address | City | State | Postal Code |
|------|------------------------|------|-------|-------------|
|------|------------------------|------|-------|-------------|

| | | | | |
|-------------------------|-------------|---------------|-------|--|
| President: GARY D. CALL | 264 N 300 W | BLACKFOOT, ID | 83221 | |
|-------------------------|-------------|---------------|-------|--|

| | | | | |
|--------------------------|-------------|---------------|-------|--|
| Secretary: CATHY JO CALL | 264 N 300 W | BLACKFOOT, ID | 83221 | |
|--------------------------|-------------|---------------|-------|--|

Directors:

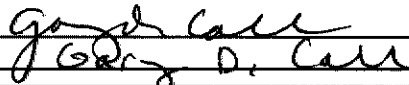
5. Nature of Business

MEDICAL 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

Name (Typed or Printed)



 Gary D. Call

Date

Title

 7-18-95
 Pres.