

No. C 64184	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		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 JAMES B. FISHER, M.D., P.A. JAMES FISHER, M.D. 307 SAINT JOHN'S WAY #17 LEWISTON ID 83501		JAMES FISHER, M.D. 307 ST. JOHN'S WAY LEWISTON ID 83501	
* FIRST NOTICE *		3. Organized Under the Laws of: ID C 64184		
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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	James B. Fisher, M. D.	3433 Selway Dr.	Lewiston	ID 83501
5. NATURE OF BUSINESS PRACTICE OF MEDICINE		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>xx James B. Fisher</u> Date <u>7-16-96</u> Name <small>(Typed or Printed)</small> <u>James B. Fisher, M. D.</u> Title <u>President</u>		
ISSUED: 07-06-1996		10546		