

No. C 64184

Annual Report Form  
Due No Later Than November 30, 1996

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080  
**NO FEE REQUIRED**

**\* FIRST NOTICE \***

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **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 XXName (Typed or Printed)James B. Fisher, M. D. Title PresidentDate 07-16-96

ISSUED: 07-06-1996

10546

2. Registered Agent and Office **NOT A P.O. BOX**JAMES FISHER, M.D.  
307 ST. JOHN'S WAY

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C 64184