

No. <b>C109830</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1996		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  CHRIS J ANTON 1055 N CURTIS  BOISE ID 83706
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  SAINT ALPHONSUS PHYSICIAN SE CHRIS J ANTON 1055 N CURTIS  BOISE ID 83706		3. Organized Under the Laws of:  ID C109830
* FIRST NOTICE *			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> 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	open		
Secretary	Vincent Kuratits	1055 N Curtis Road	Boise ID 83706
Directors:			
President - open			
Vincent Kuratits		1055 N Curtis Road	Boise ID 83706
Karl Kuntz		1055 N Curtis Road	Boise ID 83706
5. NATURE OF BUSINESS  SERVICES TO HEALTH CARE PROVIDERS		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>Karl Kuntz</u> Date <u>10/29/96</u> Name (Printed) <u>Karl Kuntz</u> Title <u>VP</u>	

ISSUED: 07-06-1995

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