No.	c 934	32 Y	Annual Report Form	2. Registered Agent a	and Office NOT A r. BOX
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED W. TO 1161		TATE Y	iling Address - Please Correct, If Not Correct	## TERRY 1161 # RI	GIPSON, M.D. VER STE 390
		// IW.	stern Psychiatric Association Terry Gipson, M.D.	te 30ISE	10 83702
		116	ol River St., Suite 390	<ol><li>Organized Under t</li></ol>	3. Organized Under the Laws of:
<b>#</b> : !	FIRST NOT	rice * Boi	se, Idaho 83702	10	c 93432
4. C	Corporations: En Limited Liability (	ter Names and Addr Companies: Enter Nan	esses of <b>President, Secretary and Directors</b> nes and Addresses of <b>I Managers</b> or <b>I Mer</b>	mbers (check one)	
g	Office held	Name	Street or P.O. Address	City -	State Zip
	esident W. Terry Gipson, M.D. 1161 River St., Suite 390, Boise, ID 83702 Pres. A. Dale Gulledge, M.D. "				
A E	res.	A. Daie Gui	niedge, м.р. "		
Tre	as.	W. Terry G	ipson, M.D. "		
Sec	retary	A. Dale Gul	lledge, M.D.	, _	
5. N	ATURE OF	BUSINESS	6. I certify that this Aundal Report has knowledge true correct and complete Signature		ŕ
	PSYCHIA	TRY		pson, M.DTitle F	
	ISSUED:	37-06-1996		17	372
	(1000)	*			