

INSTRUCTIONS ON REVERSE SIDE

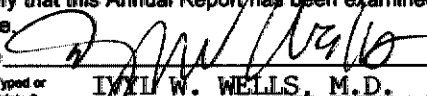
No. 80461	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX IVYL W. WELLS, M.D. 465 MCKENNA DR.
Return To	Due No Later Than November 30, 1995	
Secretary of State 700 W Jefferson P.O. Box 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct if Not Correct EMERGENCY ROOM ASSOCIATES, P.A. IVYL W. WELLS, M.D. 465 MCKENNA DR. MOUNTAIN HOME ID 83647	MOUNTAIN HOME ID 83647 3. Incorporated Under The Laws of ID NO: 80461

Karen

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	IVYL W. WELLS, M.D.	465 McKenna Drive	Mountain Home,	Id	83647
Secretary:	Karen L. Lormand	465 McKenna Drive	Mountain Home	Id	83647
Directors:	IVYL W. WELLS, M.D.	465 McKenna Drive	Mountain Home,	Id	83647
	Layne D. Roberts D.O.	465 McKenna Drive	Mountain Home,	Id	83647
	Michael P. Koelsch, M.D.	805 North 6th East	Mountain Home,	Id	83647

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5. Nature of Business Medical	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:  Date: 7/11/95 Name (Typed or Printed): IVYL W. WELLS, M.D. Title: President
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