INSTRUCTIONS ON REVERSE SIDE

No. 100683

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address — Please Correct if Incorrect

ROCKY MOUNTAIN EMERGENCY MEDICI
~~JOSEPH M ANDERSON D.O.~~
~~11245 N 75TH E~~ P.O. Box 2235

IDAHO FALLS ID 83403

2. Registered Agent and Office NOT A P.O. BOX

JOSEPH M ANDERSON D.O.
11245 N .75TH E

IDAHO FALLS ID 83401

3. Incorporated Under The Laws of ID
NO: 100683

4. Names and Addresses of Officers and Directors — MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	Joseph M. Anderson	11245 North 75th East	Idaho Falls	Idaho	83401
Secretary:	Joseph M. Anderson	11245 North 75th East	Idaho Falls	Idaho	83401
Directors:					
	Joseph M. Anderson	11245 North 75th East	Idaho Falls	Idaho	83401

5. Nature of Business

Emergenacy 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 Joseph M Anderson Date 7/13/93

Name (Typed or Printed) Joseph M. Anderson Title Pres