

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-30-1993

No. 48477	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	BOYD K SIMMONS MD
	1. Mailing Address - Please Correct if Not Correct	104 SOUTH DAISY STREET
Secretary of State 700 W Jefferson P.O. Box 83720	SALMON MEDICAL CENTER, P.A.	SALMON ID 83467
Boise, ID 83720-0080	BOYD K. SIMMONS, M.D.	
** FINAL NOTICE **	PO BOX 2083	3. Incorporated Under The Laws of
NO FEE REQUIRED	SALMON ID 83467	ID
		NO: 48477

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Arthur D. Earl	P.O. Box 2083	Salmon	ID	83467
Secretary:					
Directors:	Boyd K. Simmons	P.O. Box 2083	Salmon	ID	83467
	Richard Smith	P.O. Box 2083	Salmon	ID	83467

5. Nature of Business

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

Name (Typed or Printed)

Title

Arthur D. Earl

10-13-95

President