

No. 048477	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 88 JUL 13 AM 9 25	Due No Later Than November 1, 1988		BOYD K SIMMONS MD 104 SOUTH DAISY STREET SALMON, IDAHO 83467																					
	1. Mailing Address — Please Correct 048477																							
	SALMON MEDICAL CENTER, P.A. BOYD K. SIMMONS, M.D. BOX 1110 SALMON, IDAHO 83467		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Boyd K. Simmons, M.D.</td> <td>P. O. Box 1110</td> <td>Salmon,</td> <td>Idaho</td> <td>83467</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Boyd K. Simmons, M.D.	P. O. Box 1110	Salmon,	Idaho	83467	Secretary:					Directors:				
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President: Boyd K. Simmons, M.D.	P. O. Box 1110	Salmon,	Idaho	83467																				
Secretary:																								
Directors:																								
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 <u>X Boyd K. Simmons, MD</u> Date <u>7-7-88</u> Name (Typed or Printed) <u>Boyd K. Simmons, M.D.</u> Title <u>President</u>																						