

No. 95332	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 1995	MARK G. PARENT, M.D.
Secretary of State	1. Mailing Address -- Please Correct if Not Correct	901 N. CURTIS RD STE. 304
700 W Jefferson	MARK G. PARENT, M.D., P.A.	BOISE ID 83706
P.O. Box 83720	MARK G. PARENT, M.D.	3. Incorporated Under The Laws of
Boise, ID 83720-0080	901 N. CURTIS RD STE. 304	ID
* FIRST NOTICE *	BOISE ID 83706	NO: 95332
NO FEE REQUIRED		

4. Names and Addresses of Officers and Directors

Name	Street or P.O. Address	City	State	Postal Code
------	------------------------	------	-------	-------------

President: Mark G. Parent, M.D.

901 N. Curtis Boise, ID 83705

Secretary: Tracy Parent

Directors:

5. Nature of Business

Medical Practice

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

Name (Typed or Printed)

Mark G. Parent, M.D.

Date

7-18-95

Title

President