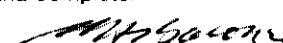
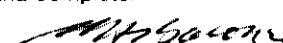
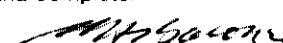


40147

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX GILBERT A. BACON, M.D. XXXXXXXXXXXX 527 South Twelfth POCA TELLO ID 83201																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct, If Not Correct		3. Incorporated Under The Laws of ID NO: 40147																									
	GILBERT A. BACON, M.D., P.A. GILBERT A. BACON, M.D. 527 S. 12TH AVE. POCA TELLO ID 83201 0000																											
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <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:</td> <td>G. A. Bacon, M.D., P.A.</td> <td>527 So. 12th</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>G. A. Bacon, M.D., P.A.</td> <td>527 So. 12th</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> <tr> <td>Directors:</td> <td>G. A. Bacon, M.D., P.A.</td> <td>527 So. 12th</td> <td>Pocatello,</td> <td>ID</td> <td>83201</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	G. A. Bacon, M.D., P.A.	527 So. 12th	Pocatello,	ID	83201	Secretary:	G. A. Bacon, M.D., P.A.	527 So. 12th	Pocatello,	ID	83201	Directors:	G. A. Bacon, M.D., P.A.	527 So. 12th	Pocatello,	ID	83201
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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. <table> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-10-92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>G. A. Bacon, M.D.</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date	7-10-92	Name (Typed or Printed)	G. A. Bacon, M.D.	Title	President																
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