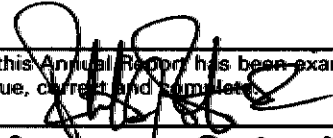


No. C 99854	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		ROBERT J PORTER III 988 LONGMONT AV STE 110 BOISE ID 83706													
	IDAMEDICS, INC. ROBERT J PORTER III 988 LONGMONT AVE STE 110 BOISE ID 83706															
	3. Organized Under the Laws of:		ID C 99854													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</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>PRES</td> <td>ROBERT J PORTER III</td> <td>580 San Felipe Way</td> <td>BOISE</td> <td>ID</td> <td>83712</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES	ROBERT J PORTER III	580 San Felipe Way	BOISE	ID	83712
Office held	Name	Street or P.O. Address	City	State	Zip											
PRES	ROBERT J PORTER III	580 San Felipe Way	BOISE	ID	83712											
5. NATURE OF BUSINESS SALES		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 8-7-96 Name (Typed or Printed) Robert J. Porter III Title President														

ISSUED: 07-06-1996

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