

No. <b>C 68244</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		<b>GREGORY N. SCHAEFER, M.D.</b> <b>3719 CLIFTON WAY</b>																			
	<b>GREGORY N. SCHAEFER, M.D.,</b>  <b>3719 CLIFTON WAY</b>  <b>NAMPA ID 83686</b>		<b>NAMPA ID 83686</b>  3. Organized Under the Laws of:  <b>ID C 68244</b>																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>President</td> <td>Gregory Schaefer</td> <td>3719 Clifton Way</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secy - Treas</td> <td>Pam Schaefer</td> <td>3719 Clifton Way</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Gregory Schaefer	3719 Clifton Way	Nampa	ID	83686	Secy - Treas	Pam Schaefer	3719 Clifton Way	Nampa	ID	83686
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5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL SERVICES</b>		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><i>Pamela A. Schaefer</i></u> Date <u>7-19-96</u> Name (Typed or Printed) <u>Pamela A. Schaefer</u> Title <u>Secy, TRAS</u>																				

ISSUED: 07-06-1996

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