

INSTRUCTIONS ON REVERSE SIDE

65293 No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX C. THOMAS JEWELL, M. D. 312 WEST IDAHO																									
Return To	Due No Later Than November 30, 1995		312 WEST IDAHO																									
Secretary of State 700 W Jefferson P.O. Box 83720 * Boise, ID 83720-0080 * NO FEE REQUIRED	1. Mailing Address - Please Correct if Not Correct C. THOMAS JEWELL, M. D., PRES C. THOMAS JEWELL, M. D. 312 WEST IDAHO		BOISE ID 83702																									
	BOISE ID 83702		3. Incorporated Under The Laws of ID NO: 66293																									
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>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Dr. C Thomas Jewell</td> <td>312 W. Idaho</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Postal Code	President:	Dr. C Thomas Jewell	312 W. Idaho	Boise	ID	83702	Secretary:	"	"	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Postal Code																							
President:	Dr. C Thomas Jewell	312 W. Idaho	Boise	ID	83702																							
Secretary:	"	"	"	"	"																							
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 <u>C. Thomas Jewell</u> Date <u>7.11.95</u> Name (Typed or Printed) <u>C. Thomas Jewell M.D.</u> Title <u>President</u>																										