

No. <b>C 64473</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>R. BRENT ARCHIBALD</b> <del>5680 GAGE ST</del> <b>5680 W. GAGE ST.</b> <b>BOISE ID 83706</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>BOISE GASTROENTEROLOGY ASSOC</b> <b>R. BRENT ARCHIBALD</b> <b>5680 W GAGE ST</b>		3. Organized Under the Laws of:  <b>ID C 64478</b>
* <b>FIRST NOTICE *</b> <b>BOISE ID 83706</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"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>VICE-PRESIDENT</u>	<b>R. BRENT ARCHIBALD, MD</b>	<b>5680 W. GAGE ST.</b>	<b>BOISE ID 83706</b>
<u>PRESIDENT</u>	<b>SAMUEL S. GIBSON, MD</b>	<b>5680 W. GAGE ST.</b>	<b>BOISE ID 83706</b>
<u>SECRETARY/</u> <u>TREASURER</u>	<b>IKE D. TANABE, MD</b>	<b>5680 W. GAGE ST.</b>	<b>BOISE ID 83706</b>
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL CARE</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>Samuel S. Gibson</i></u> Date <u>7/24/96</u> Name (Typed or Printed) <u><b>SAMUEL S. GIBSON, MD</b></u> Title <u><b>PRESIDENT</b></u>	

ISSUED: 07-06-1996

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