

No. C 43599

Annual Report Form
Due No Later Than November 30, 1995

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

REXBURG MEDICAL CENTER PROFE
C JEFFREY ZOLLINGER
~~950 GREENHAVEN ST~~
393 E 2ND N
REXBURG ID 83440~~LAUREN~~ ~~OTHERS~~
393 EAST SECOND NORTH
C. Jeffrey Zollinger
REXBURG ID 83440

3. Organized Under the Laws of:

ID C 43599

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President C. Jeffrey Zollinger 950 Greenhaven Rexburg ID 83440

5. NATURE OF BUSINESS

MEDICAL DOCTORS CLINIC

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 C. Jeffrey Zollinger Date 7-16-96

Name (Typed or Printed) C. Jeffrey Zollinger Title President

ISSUED: 07-06-1995

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