

No. C 43599	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct REXBURG MEDICAL CENTER PROFE C JEFFREY ZOLLINGER 950 GREENHAVEN STREET 393 E 2ND N REXBURG ID 83440		LAVAR W. WITHERS, M.D. 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 <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <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>C. Jeffrey Zollinger</td> <td>950 Greenhaven</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	C. Jeffrey Zollinger	950 Greenhaven	Rexburg	ID	83440
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 <u>[Signature]</u> Date <u>7-16-96</u> Name (Typed or Printed) <u>C. Jeffrey Zollinger</u> Title <u>President</u>														

ISSUED: 07-06-1996

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