

No.	Idaho Corporation Annual Report Form 1992 Due No Later Than November 1.		2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct JAMES B. FISHER, M.D., P.A. JAMES FISHER, M.D. 307 SAINT JOHN'S WAY LEWISTON ID 83501 0000		JAMES FISHER, M.D. 307 ST. JOHN'S WAY LEWISTON ID 83501
			3. Incorporated Under The Laws of NO: 64184

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	James B. Fisher, M. D.	3433 Selway Drive	Lewiston	ID	83501
Secretary:	Sole Officer				
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 **XX**Name (Typed or Printed)

James B. Fisher, M. D.

Date **7-15-92**Title **President**