

INSTRUCTIONS ON REVERSE SIDE

No. 48477	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	BOYD K SIMMONS MD 104 SOUTH DAISY STREET
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct SALMON MEDICAL CENTER, P.A. BOYD K. SIMMONS, M.D. PO BOX 2083 SALMON ID 83467	SALMON ID 83467 3. Incorporated Under The Laws of ID NO: 48477

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Arthur D. EARL	Box 2083	SALMON	ID	83467
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

Arthur D. Earl

Date

9/20/95

Name
(Typed or Printed)

A. D. EARL

Title

President