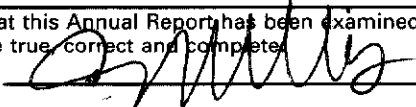


No. <b>C 80461</b>	<b>Annual Report Form 1996</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>EMERGENCY ROOM ASSOCIATES, P</b> <b>IVYL W. WELLS, M.D.</b> <b>465 MCKENNA DR.</b>		<b>IVYL W. WELLS, M.D.</b> <b>465 MCKENNA DR.</b>  <b>MOUNTAIN HOM ID 83647</b>
	<b>* FIRST NOTICE *</b> <b>MOUNTAIN HOME ID 83647</b>		3. Organized Under the Laws of:  <b>ID C 80461</b>

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	IVYL W. WELLS, M.D.	465 McKenna Drive	Mountain Home	Idaho	83647
Secretary	Karen L. Lormand	465 McKenna Drive	Mountain Home	Idaho	83647
Director	IVYL W. WELLS, M.D.	465 McKenna Drive	Mountain Home	Idaho	83647
	MICHAEL P. Koelsch, MD	805 North 6th East	Mountain Home	Idaho	83647
	LAYNE D. ROBERTS, D.O.	465 McKenna Drive	Mountain Home	Idaho	83647

5. <b>NATURE OF BUSINESS</b>  <b>EMERGENCY ROOM COVERAGE</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 	Date <b>7/27/96</b>
	Name (Typed or Printed) <b>IVYL W. WELLS, M.D.</b>	Title <b>President</b>

ISSUED: 07-06-1996

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