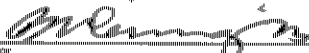
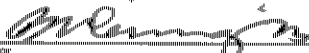
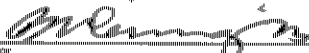


No. 41775 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1994</i> 1. Mailing Address — Please Correct, if Not Correct BLACKFOOT MEDICAL CLINIC, INC., JAMES HARRIOTT 625 WEST PACIFIC AVENUE BLACKFOOT ID 83221	2. Registered Agent and Office JAMES HARRIOTT 625 W PACIFIC BLACKFOOT ID 83221 3. Incorporated Under The Laws of ID NO: 41775
---	--	---

4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Brian W. Carrigan, M. D.	185 South 800 West	Blackfoot	Idaho	83221
Secretary:	Grant M. Peterson, M. D.	69 West 215 North	Blackfoot	Idaho	83221
Directors:	Christopher S. Riley, M. D.	P. O. Box 782	Blackfoot	Idaho	83221
	Paul W. Johns, M. D.	365 North 200 West	Blackfoot	Idaho	83221
	Richard C. Hill, M. D.	120 North 900 West	Blackfoot	Idaho	83221
	Julene M. Parsons, M. D.	2254 West 1000 South	Blackfoot	Idaho	83221
	Steven J. Clinger, M. D.	120 North Milton	Shelley	Idaho	83274
	C. Edward Wyne, M. D.	241 South 1100 West	Blackfoot	Idaho	83221
	Gary K. Haddock, M. D.	1105 Pendlebury	Blackfoot	Idaho	83221
	Kirt M. McKinlay, M. D.	23 South Lavaside	Blackfoot	Idaho	83221

5. Nature of Business Medical	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/11/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Brian W. Carrigan</td> <td>Title</td> <td>President</td> </tr> </table>	Signature		Date	7/11/94	Name (Typed or Printed)	Brian W. Carrigan	Title	President
Signature		Date	7/11/94						
Name (Typed or Printed)	Brian W. Carrigan	Title	President						