

No. C112634	Annual Report Form Due No Later Than November 30, 1995		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	1. Mailing Address - Please Correct, If Not Correct R. MASON WILKINS, M.D., P.A. 217 CANYON RD EAST FORK	R. MASON WILKINS 217 CANYON RD EAST FORK HAILEY ID 83333	
* FIRST NOTICE *	HAILEY ID 83333	3. Organized Under the Laws of: MD C112634	
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)			
Office held <i>President</i>	Name <i>R. Mason Wilkins</i>	Street or P.O. Address <i>217 Canyon Rd</i>	<u>City</u> <i>Hailey</i> <u>State</u> <i>ID</i> <u>Zip</u> <i>83333</i>
5. NATURE OF BUSINESS MEDICAL SERVICES	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 <i>R. Mason Wilkins</i> Date <i>7/11/96</i> Name (Typed or Printed) <i>R. Mason Wilkins</i> Title <i>President</i>		

ISSUED: 07-06-1996

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