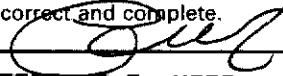


No. C 76847	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		TERENCE E. NEFF, M.D. 700 IRONWOOD DRIVE, #102 COEUR D'ALENE ID 83814																															
	COEUR D'ALENE PEDIATRICS, P. TERENCE E. NEFF, M.D. 700 WEST IRONWOOD DRIVE #102		3. Organized Under the Laws of:																															
	* FIRST NOTICE * COEUR D'ALENE ID 83814		ID C 76847																															
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)																																		
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City -</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City -</u>	<u>State</u>	<u>Zip</u>																								
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City -</u>	<u>State</u>	<u>Zip</u>																													
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">PRESIDENT</td> <td style="width: 30%;">TERENCE E. NEFF, M.D.</td> <td style="width: 30%;">3717 NICKLAUS DRIVE</td> <td style="width: 15%;">COEUR D'ALENE,</td> <td style="width: 10%;">ID</td> <td style="width: 10%;">83814</td> </tr> <tr> <td>SECRETARY</td> <td>THOMAS R. RAU, M.D.</td> <td>1919 FAIRWAY DRIVE</td> <td>COEUR D'ALENE,</td> <td>ID</td> <td>83814</td> </tr> <tr> <td colspan="6" style="padding-top: 10px;">DIRECTORS:</td> </tr> <tr> <td></td> <td>TERENCE E. NEFF, M.D.</td> <td>3717 NICKLAUS DRIVE</td> <td>COEUR D'ALENE,</td> <td>ID</td> <td>83814</td> </tr> <tr> <td></td> <td>THOMAS R. RAU, M.D.</td> <td>1919 FAIRWAY DRIVE</td> <td>COEUR D'ALENE,</td> <td>ID</td> <td>83814</td> </tr> </table>					PRESIDENT	TERENCE E. NEFF, M.D.	3717 NICKLAUS DRIVE	COEUR D'ALENE,	ID	83814	SECRETARY	THOMAS R. RAU, M.D.	1919 FAIRWAY DRIVE	COEUR D'ALENE,	ID	83814	DIRECTORS:							TERENCE E. NEFF, M.D.	3717 NICKLAUS DRIVE	COEUR D'ALENE,	ID	83814		THOMAS R. RAU, M.D.	1919 FAIRWAY DRIVE	COEUR D'ALENE,	ID	83814
PRESIDENT	TERENCE E. NEFF, M.D.	3717 NICKLAUS DRIVE	COEUR D'ALENE,	ID	83814																													
SECRETARY	THOMAS R. RAU, M.D.	1919 FAIRWAY DRIVE	COEUR D'ALENE,	ID	83814																													
DIRECTORS:																																		
	TERENCE E. NEFF, M.D.	3717 NICKLAUS DRIVE	COEUR D'ALENE,	ID	83814																													
	THOMAS R. RAU, M.D.	1919 FAIRWAY DRIVE	COEUR D'ALENE,	ID	83814																													
5. NATURE OF BUSINESS PEDIATRIC MEDICAL OFFICE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																																
Name (Typed or Printed)		Signature 	Date <u>7/22/96</u>	Title <u>PRESIDENT</u>																														

ISSUED: 07-06-1996

24787