




ISSUED: 07-03-1994

No. 43599	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1994</i>	2. Registered Agent and Office
<i>Return To</i> Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — REXBURG MEDICAL CENTER PROFESSI LAVAR M. WITHERS BOX 370 REXBURG ID 83440	LAVAR M. WITHERS, M.D. 393 EAST SECOND NORTH REXBURG ID 83440 3. Incorporated Under The Laws of ID NO: 43599

4. Names and Addresses of Officers and Directors				
	<u>Name</u> President: LAVAR M. WITHERS, M.D. Secretary: C. JEFFREY ZOLLINGER, M.D. Directors:	<u>Street or P.O. Address</u> P.O. BOX 370 950 Greenhaven	<u>City</u> REXBURG REXBURG	<u>State</u> <u>Zip</u> ID 83440 ID *#\$\$)

5. Nature of Business MEDICAL DOCTORS CLINIC	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 data-bbox="536 920 685 973"> Signature <small>Name (Typed or Printed)</small> </td> <td data-bbox="702 893 1098 978">  C. JEFFREY ZOLLINGER </td> <td data-bbox="1205 909 1462 973"> Date 7/12/94 Title SECRETARY </td> </tr> </table>	Signature <small>Name (Typed or Printed)</small>	 C. JEFFREY ZOLLINGER	Date 7/12/94 Title SECRETARY
Signature <small>Name (Typed or Printed)</small>	 C. JEFFREY ZOLLINGER	Date 7/12/94 Title SECRETARY		