/N	No. C 44739		Due no later than Dec 31, 2000		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE			Annual Report Form 1. Mailing Address - Correct in this box, if applicable IDAHO FALLS CLINIC, P.A.		CHRISTINE CLARK 2001 S. WOODRUFF, STE. 15		
							700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080
NO FILING FEE IF RECEIVED BY DUE DATE			IDAHO FALLS, ID 83404	D FALLS, ID 83404		3. New Registered Agent Signature	
4.	Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
	Office held	<u>Name</u>	Street or P.O. Address	City	State	<u>Zip</u>	
	President	-	A. Wagner, M.D.	2001 C W	001 S. Woodruff Avenue, #15		
	Director James M.		. Krantz, M.D.		Idaho Falls, ID 83404		
				Idano Fal			
			Avondet, M.D.				
	Director	Bradiey .	K. Stoddard, M.D.				
5. Organized Under the Laws of:			6.	tine Clar	<i>b</i>	1 16 2000	
	IDAHO C 44739		Signature Christine Clar		Date October 16, 2000		
			Name (Typed or Christ	tine Clark	Title: XVXXX Admi	nistrator	

Issued 10/02/2000

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