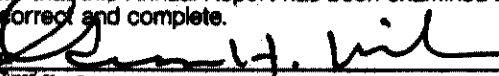


No. 65829 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1 Mailing Address: <i>Please Correct If Not Correct</i> GEORGE H. MILLER, M.D.P.A. GEORGE H. MILLER 325 MARTIN ST. TWIN FALLS ID 83301	2. Registered Agent and Office NOT A P.O. BOX GEORGE H. MILLER 676 SHOUP AVENUE WEST, SU TWIN FALLS ID 83301 3. Incorporated Under The Laws of ID NO: 065829																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>George H. Miller</td> <td>BOX 6580</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Ruth Ann Miller</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>George + Ruth Ann Miller</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	George H. Miller	BOX 6580	Twin Falls	ID	83301	Secretary:	Ruth Ann Miller	"	"	"	"	Directors:	George + Ruth Ann Miller	"	"	"	"
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Directors:	George + Ruth Ann Miller	"	"	"	"																					
5. Nature of Business Physician - Medical Practice	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:  Name (Typed or Printed): George H. Miller Date: 7-9-91 Title: President																									