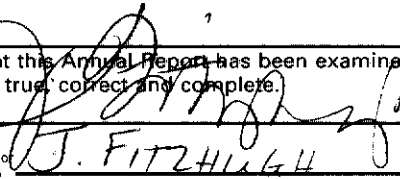


No. <b>C 69355</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>WILLIAM C. FITZHUGH</b> <b>589 SHOUP AVE. WEST</b>  <b>TWIN FALLS ID 83301</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>WILLIAM C. FITZHUGH, M.D.,</b> <b>WILLIAM C. FITZHUGH M.D.</b> <b>589 SHOUP AVE. WEST</b>  <b>TWIN FALLS ID 83301</b>		3. Organized Under the Laws of:  <b>ID C 69355</b>
* <b>FIRST NOTICE *</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<b>PRESIDENT</b>	<b>WILLIAM C. FITZHUGH</b>	609 CONCORDIA CIRCLE TWIN FALLS, ID 83301	
<b>SECRETARY</b>	<b>JANET P. FITZHUGH</b>		
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL PRACTICE</b>		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 <u></u> Date <u>7-15-96</u> Name (Typed or Printed) <u>J. FITZHUGH</u> Title <u>SC</u>	

ISSUED: 07-06-1996

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