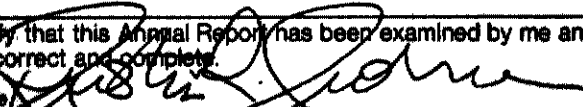
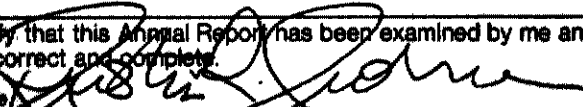
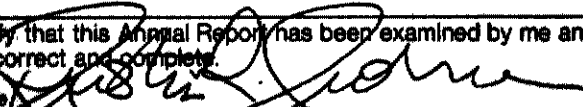


INSTRUCTIONS ON REVERSE SIDE

No. 87547	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX AUSTIN CUSHMAN, M.D. 901 N. CURTIS, SUITE 502 BOISE ID 83706																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct																											
	CUSHMAN-LIVINGSTON SURGICAL ASS AUSTIN CUSHMAN, M.D. 901 N. CURTIS, SUITE 502 BOISE ID 83706 0000		3. Incorporated Under The Laws of ID NO: 087547																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Austin R. Cushman, M.D.</td> <td>901 N. Curtis, Suite 502</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>John M. Livingston, M.D.</td> <td>901 N. Curtis, Suite 502</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> <tr> <td>Directors:</td> <td>same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Austin R. Cushman, M.D.	901 N. Curtis, Suite 502	Boise	Idaho	83706	Secretary:	John M. Livingston, M.D.	901 N. Curtis, Suite 502	Boise	Idaho	83706	Directors:	same				
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Directors:	same																											
5. Nature of Business 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. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>X 11/4/91</td> </tr> <tr> <td>Name (Printed)</td> <td>X Austin R. Cushman</td> <td>Title</td> <td>X President</td> </tr> </table>			Signature		Date	X 11/4/91	Name (Printed)	X Austin R. Cushman	Title	X President																
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