

INSTRUCTIONS ON REVERSE SIDE

ISSUED BY 74-1173

No. 47113	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	WAYNE L. RUBY 623 SOUTH MAIN
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address - Please Correct If Not Correct MOSCOW FAMILY MEDICINE, P.A.	MOSCOW ID 83843
* FIRST NOTICE *	DAVID D. SHUPE, M.D. 623 S. MAIN	3. Incorporated Under The Laws of
NO FEE REQUIRED	MOSCOW ID 83843	ID
		NO: 47113

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	Wayne L. Ruby, M.D.	601 East 3rd St.	MOSCOW	ID	83843
Secretary:	Francis K. Spain, M.D.	2405 Kathy Ave.	MOSCOW	ID	83843
Directors:	David D. Shupe, M.D.	411 East B St.	MOSCOW	ID	83843
	Glenn David Rych, M.D.	218 Rose Ct.	MOSCOW	ID	83843
	Dennis L. Peterson, M.D.	3363 Blaine Rd.	MOSCOW	ID	83843
	Dan J. Schmidt, M.D.	267 Circle Dr.	MOSCOW	ID	83843
	Thomas R. Jackson, M.D.	2243 Henry Ct.	MOSCOW	ID	83843

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.

Signature

Name (Typed or Printed)

Wayne L. Ruby, M.D.

Date

Title

President