INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1993

No. 45004

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

1. Mailing Address

DR. PHILIP N. LEAVITT, PROFESSI
D. J. SIMPSON
P. O. BOX 1842

IDAHO FALLS ID 83401

2. Registered Agent and Office NOT A P.O. BOX

PHILIP N. LEAVITT, M.D.
ROUTE 4, BOX 47

IDAHO FALLS ID 83401

3. Incorporated Under The Laws of ID
NO: 45004

4. Names and Addresses of Officers and Directors — MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	PHILIP N. LEAVITT, M. D.	1182 EAST 17TH STREET	IDAHO FALLS,	IDAHO	83404
Secretary:	BARBARA LEAVITT	1182 EAST 17TH STREET	IDAHO FALLS,	IDAHO	83404
Directors:	PHILIP N. LEAVITT, M. D.	1182 EAST 17TH STREET	IDAHO FALLS,	IDAHO	83404
	BARBARA LEAVITT	1182 EAST 17TH STREET	IDAHO FALLS,	IDAHO	83404

5. Nature of Business

MEDICAL CLINIC

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 Philip N. Leavitt Date Oct. 25, 1993

Name (Typed or Printed) Philip N. Leavitt, M. D. Title President