		INSTRUC	TIONS ON	REVERSE	SIDE	T	etaen. O	7-14-100	ı "ğ	
No. 75518			tion Annual Report Form			2. Reg	2. Registered Agent and Office NOT A P.O. BO			
Return To		Due No Later Than November 1,					DAVÍD K. SWANSON X KKK KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK			
Secretary of State Room 203, Stateh Boise, ID 83720	REX DAV	REX BORUP, M.D., P.A. DAVID K. SWANSON XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				960 801 3. Inco	960 Broadway, Suite 530 BOISE ID 8370%			
* FIRST NOTICE * NO FEE REQUIRED		P.O. BOX 1631 BOISE ID 8370 R 1			NO:	ID 75518				
. Names and Addresses	of Officers and Dir	ectors	MU	er be i	PRINTE		13 B) 4			
	Na	<u>me</u>	Stre	et or P.O. Ac	dress	22 - 10 1 1 - 6 1 midlinillially distributible structure	City	State	<u>Zio</u>	
President: Secretary: Directors:	REX BORU SHARON B REX BORU	ORUP	222	NORTH NORTH NORTH	2ND	•	BOISE BOISE BOISE	ID ID ID	83702 83702 83702	
Nature of Business Medical Servi	Ces	6. I certify the true, corre	at this Annict and com	ual Report I	nas been	examined by a	me and is to the	1/14/80	knowledge	
medical pervices		Name (Typed or Printed)	REX E	SORUP	<u>~~</u>	<u>'110 </u>	Title I	RESIDE		