


No. C112620	Annual Report Form <i>Due No Later Than November 30, 1995</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct PATIENT'S CHOICE INCORPORATE DENNIS N CARTER 121 EAST FORT ST 200 N. 4th St. #300 BOISE ID 83712	DENNIS N CARTER 121 EAST FORT ST BOISE ID 83712
* FIRST NOTICE *		3. Organized Under the Laws of:
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (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>
President	Dennis N. Carter	121 E. Fort St.
Secretary	Richard A. Stillinger	200 N. 4th St. #300
Director:	Dennis N. Carter	121 E. Fort St.
	Richard A. Stillinger	200 N. 4th St.. #300
		Boise Idaho 83712
		Boise Idaho 83702
5. NATURE OF BUSINESS HEALTH CARE SERVICES		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  Date <u>8/14/96</u> Name (Typed or Printed) <u>Dennis N. Carter</u> Title <u>President</u>

ISSUED: 07-06-1996

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