

INSTRUCTIONS ON REVERSE SIDE

No. 67144	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeiture STATEMENT JAN 23 AM '96 12:00 PM STATE OF IDAHO Fee: \$20.00	Due No Later Than November 1, 1. Mailing Address - Please Correct THOMAS G. SMITH, M.D., P.A. 222 N 2ND ST #311 1735 CLAREMONT DR BOISE ID 83702	THOMAS G SMITH, M.D. 222 N 2ND STE 311 1735 CLAREMONT DR BOISE ID 83702 3. Incorporated Under The Laws of ID

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	THOMAS G. SMITH, M.D., P.A.	1735 CLAREMONT DR.	BOISE,	ID.	83702
Secretary:	JEAN B. SMITH	1735 CLAREMONT DR.	BOISE,	ID	83702
Directors:					

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 <i>Thomas G. Smith, MD</i> Date 1-03-96 Name (Typed or Printed) THOMAS G. SMITH, M.D. Title President
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