

No. <u>W 112</u>	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX JOHN G ST. CLAIR 583 N CAPITAL AVE IDAHO FALLS ID 83402
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 IDAHO LASER INSTITUTE FOR DE THOMAS R GUYER 2860 CHANNING WAY	3. Organized Under the Laws of:
* FIRST NOTICE * IDAHO FALLS ID 83404 ID W 112		
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>
President	Thomas R Guyer MD	2860 Channing #201 Idaho Falls ID 83404
Director	Stanley J Cheslock MD	2860 Channing #201 Idaho Falls ID 83404
Director	Gene K Hodges MD	2860 Channing #201 Idaho Falls ID 83404
5. SIGNATURE OF CURRENT RA ANY LAWFUL		
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 <u>Thomas R Guyer</u> Date <u>7/18/96</u> Name (Typed or Printed) <u>Thomas R Guyer</u> Title <u>MD</u>		