

No. 47696	Idaho Corporation Annual Report Form		ISSUED: 10-01-1992 2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1992		DAVID C. MILLER 376 SOUTH 19TH AVENUE
	1. Mailing Address - Please Correct, If Not Correct DAVID C. MILLER, M. C., P. A. DAVID C. MILLER BOX 498 376 S. 19th Ave. POCATELLO ID 83201 0000		POCATELLO ID 83201 0000 3. Incorporated Under The Laws of ID NO: 47696

4. Names and Addresses of Officers and Directors										
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>						
President:	David C. Miller, M.D.	376 S. 19th Ave.	Pocatello,	Idaho 83201						
Secretary:	Phyllis Ann Miller	376 S. 19th Ave.	Pocatello,	Idaho 83201						
Directors:	Both of above									
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. <table border="0"> <tr> <td data-bbox="530 883 677 936">Signature</td> <td data-bbox="677 883 1205 936"><i>David C. Miller, M.D.</i></td> <td data-bbox="1205 883 1618 936">Date 10/14/92</td> </tr> <tr> <td data-bbox="530 936 677 978">Name (Typed or Printed)</td> <td data-bbox="677 936 1205 978">David C. Miller, M.D.</td> <td data-bbox="1205 936 1618 978">Title President</td> </tr> </table>				Signature	<i>David C. Miller, M.D.</i>	Date 10/14/92	Name (Typed or Printed)	David C. Miller, M.D.	Title President
Signature	<i>David C. Miller, M.D.</i>	Date 10/14/92								
Name (Typed or Printed)	David C. Miller, M.D.	Title President								