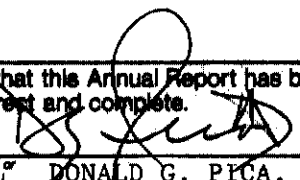
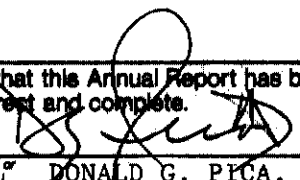
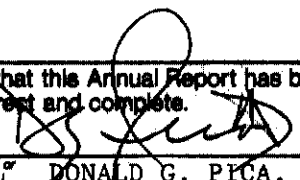


<b>No.</b> 68323	<b>Idaho Corporation Annual Report Form</b>	<b>2. Registered Agent and Office NOT A P.O. BOX</b>																														
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>   <b>NO FEE REQUIRED</b>	<b>Due No Later Than November 1, 1991</b>	MARLEY JACKMAN 666 SHOSHONE STREET EAST																														
	<b>1. Mailing Address: Please Correct If Not correct</b>	666 SHOSHONE STREET EAST																														
	TWIN FALLS CLINIC AND HOSPI MARLEY JACKMAN, ADMINIST. 666 SHOSHONE STREET EAST  TWIN FALLS ID 83301	TWIN FALLS ID 83301  <b>3. Incorporated Under The Laws</b> of ID  NO: 068323																														
<b>4. Names and Addresses of Officers and Directors</b> <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><b>President:</b></td> <td>DONALD G. PICA, M.D.</td> <td>666 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td><b>Secretary:</b></td> <td>LAURENCE L. MARTENS, M.D.</td> <td>666 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td><b>Directors:</b></td> <td>JOHN L. SHUSS, M.D.</td> <td>666 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td></td> <td>DAVID A. McCLUSKY, M.D.</td> <td>666 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<b>President:</b>	DONALD G. PICA, M.D.	666 SHOSHONE STREET EAST,	TWIN FALLS,	IDAHO	83301	<b>Secretary:</b>	LAURENCE L. MARTENS, M.D.	666 SHOSHONE STREET EAST,	TWIN FALLS,	IDAHO	83301	<b>Directors:</b>	JOHN L. SHUSS, M.D.	666 SHOSHONE STREET EAST,	TWIN FALLS,	IDAHO	83301		DAVID A. McCLUSKY, M.D.	666 SHOSHONE STREET EAST,	TWIN FALLS,	IDAHO	83301
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<b>5. Nature of Business</b>  MEDICAL SERVICES	<b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</b>  <table border="1"> <tr> <td data-bbox="530 902 1065 965"> <b>Signature</b>    <b>Name (Typed or Printed)</b> DONALD G. PICA, M.D.         </td> <td data-bbox="1065 902 1615 965"> <b>Date</b> OCTOBER 11, 1991   <b>Title</b> PRESIDENT         </td> </tr> </table>		<b>Signature</b>  <b>Name (Typed or Printed)</b> DONALD G. PICA, M.D.	<b>Date</b> OCTOBER 11, 1991  <b>Title</b> PRESIDENT																												
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