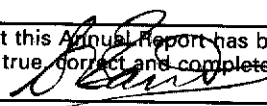


No. C101566	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct DAVID R. BAINES, M.D., P.A. DAVID R BAINES 311 FOURTEENTH ST		DAVID R BAINES 311 FOURTEENTH ST ST. MARIES ID 83861
* 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	DAVID R. BAINES, M.D.	311 -14TH STREET	ST. MARIES, ID 83861
5. NATURE OF BUSINESS MEDICAL 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>7-18-96</u> Name (Typed or Printed) <u>DAVID R. BAINES, M.D.</u> Title <u>PRESIDENT</u>	

ISSUED: 07-06-1996

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