INSTRUCTIONS ON REVERSE SIDE

No. 044739

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1987

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

RECEIVED
SEC. OF STATE
87 OCT 30
AM 10 08

1. Mailing Address — *Please Correct* 044739

IDAHO FALLS CLINIC, P.A.
L. K. KRANTZ, M.D.
2001 SOUTH WOODRUFF, STE. 15
IDAHO FALLS, IDAHO
83401

2. Registered Agent and Office

BARBARA BOSTIAN
~~XXXXXXXXXXXXXXXXXX~~ DONA L. BYREE
2001 S. WOODRUFF, STE. 1
IDAHO FALLS, IDAHO
83401

3. Incorporated Under The Laws of STATE OF IDAHO

ENTERED
NOV 2 1987

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	L.K.KRANTZ,II, M.D.	2001 S. Woodruff Suite 15	Idaho Falls,	Idaho	83401
Secretary:	A.G.AVONDET,M.D.	2001 S. Woodruff Suite 15	Idaho Falls,	Idaho	83404
Directors:	J.M.DAVID, M.D.	2001 S. Woodruff Suite 15	Idaho Falls,	Idaho	83401
	M.A.WAGNER, M.D.	2001 S. Woodruff Suite 15	Idaho Falls,	Idaho	83401

5. Nature of Business

Professional Service

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 Leland K. Krantz Date 10-26-87

Name (Typed or Printed) LELAND K. KRANTZ, M.D. Title PRESIDENT

AMENDED 5-28-87