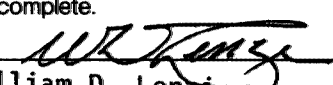
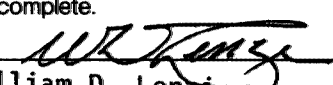
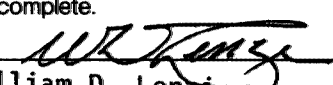


No. 67733	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office NOT A P.O. BOX WILLIAM D. LENZI 914 NORTH CURTIS
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct INTERMOUNTAIN HAND CLINIC, P.A. WILLIAM D. LENZI, M.D. 914 NORTH CURTIS BOISE ID 83706	BOISE ID 83706 3. Incorporated Under The Laws of ID NO: 67733

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

Name	Street or P.O. Address	City	State	Zip
President:	William D. Lenzi, M.D.	914 N. Curtis	Boise	ID 83706
Secretary:				
Directors:				

5. Nature of Business Physicians Office	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>Signature </td> <td>Date <u>10/21/94</u></td> </tr> <tr> <td>Name (Typed or Printed) William D. Lenzi</td> <td>Title President</td> </tr> </table>	Signature 	Date <u>10/21/94</u>	Name (Typed or Printed) William D. Lenzi	Title President
Signature 	Date <u>10/21/94</u>				
Name (Typed or Printed) William D. Lenzi	Title President				