

No. C 66293	Annual Report Form 1996 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct C. THOMAS JEWELL, M. D., PRO C. THOMAS JEWELL, M. D. 312 WEST IDAHO BOISE ID 83702		C. THOMAS JEWELL, M. D. 312 WEST IDAHO BOISE ID 83702 3. Organized Under the Laws of: ID C 66293																			
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) <table border="1" data-bbox="19 351 1465 478"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>C. T. JEWELL</td> <td>312 W IDAHO</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>SECRETARY</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	C. T. JEWELL	312 W IDAHO	BOISE	ID	83702	SECRETARY	"	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
PRES.	C. T. JEWELL	312 W IDAHO	BOISE	ID	83702																	
SECRETARY	"	"	"	"	"																	
5. NATURE OF BUSINESS <i>Medical Practice</i> ANY LAWFUL	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 <u><i>CT Jewell</i></u> Date <u><i>7.15.96</i></u> Name (Typed or Printed) <u><i>CT JEWELL</i></u> Title <u><i>PRES</i></u>																					

ISSUED: 07-06-1996

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