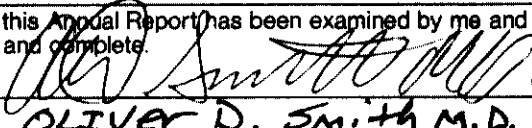


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No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ★ FIRST NOTICE ★ NO FEE REQUIRED	Due No Later Than November 1, 1992		DOUGLAS R. SMITH	
	1. Mailing Address - Please Correct If Not Correct		825 SOUTH BOULEVARD	
	SMITH CLINIC, P.A.		IDAHO FALLS ID 83401	
	OLIVER D. SMITH, M.D.		3. Incorporated Under The Laws	
	825 SOUTH BOULEVARD		of ID	
	IDAHO FALLS ID 83402 0000		NO: 50830	
4. Names and Addresses of Officers and Directors				
President: Secretary: Directors:	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
	Douglas R. Smith	825 South Boulevard	Idaho Falls	ID
	Oliver D. Smith	" " "	" " "	" "
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
Medical Clinic	Signature  Name (Typed or Printed) OLIVER D. SMITH M.D.		Date 7-8-92 Title Sec.	