50830

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 1. Mailing Address — *Please Correct If Not Correct* SMITH CLINIC, P.A. OLIVER D. SMITH, M.D. 825 SOUTH BOULEVARD IDAHO FALLS ID 83402 0000	DOUGLAS R. SMITH 825 SOUTH BOULEVARD IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID NO: 50830

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Douglas R. Smith	825 South Boulevard	Idaho Falls	ID	83401
Secretary:	Oliver D. Smith	" " "	" "	"	"
Directors:					

5. Nature of Business

Medical Clinic

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 [signature] Date 7-8-92

Name (Typed or Printed) OLIVER D. Smith M.D. Title Sec.