		INSTRU	UCTIONS ON REVERSE SIDE			
No. 8477 Id		klaho Corpo	ration Annual Report Form	2. Registered Agent a	2. Registered Agent and Office NOT A P.O. BO	
Return To		Due No Later Than November 1,1991			POYD K SIMMONS MD	
Secretary of Sta	ite IIIM	I. Maling Adduces. Physic Correct. II. Not Correct		104 SCUTH D	104 SOUTH DAISY STREET	
Room 203, State Boise, ID 83720	ehouse S		AL CENTER, P.A.	SALMON	ID 93457	
		BOYD K. SIMMONS, M.D. BOX 1110		3. Incorporated Under The Laws of		
NO FEE REQUI	RED S	ALMON	ID 83467	NO: 048477		
. Names and Addresse	s of Officers and	Directors		***************************************		
		Name	Street or P.O. Address	City	State Zip	
President: Boyd	K. Simmons	, M.D.	Box1110	Salmon, Idaho 83	467	
Secretary: James Directors:	s F. Todd,	M.D.	Box 1110	Salmon, Idaho 83	467	
lice Pres: Arth	ur D. Earl,	M.D.	Box 1110	Salmon, Idaho 83	467	
. Nature of Business		6. I certify	that this Annual Report has been a	amined by me and is to the	e best of my knowledge	
Medical		Signature	rrect and complete	Date Date	7-8-91	
		Name //goa	Boyd K Simmons,	M.D. Title	President	

and the commence of the extremely continuous and the continuous section of