

No. <u>C 73520</u>	<b>Annual Report Form</b> Due No Later Than November 30, <u>1996</u>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  SOUTHEAST IDAHO MEDICAL CLIN STEPHEN C. JOHNSON P O BOX 151		STEPHEN C JOHNSON 230 WEST 200 NORTH  MALAD ID 83252
	3. Organized Under the Laws of:  ID C 73520		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Administrator/Pres Secretary	Stephen C Johnson Sherrie Johnson	230 W 200 N. 230 W 200 N	MALAD ID 83252 MALAD ID 83252
5. NATURE OF BUSINESS  FAMILY PRACTICE PHYSICIAN		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>Sherrie W. Johnson</u> Date <u>7/30/96</u> Name (Typed or Printed) <u>Sherrie W. Johnson</u> Title <u>Bookkeeper/Sec</u>	

ISSUED: 07-06-1996

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