INSTRUCTIONS ON REVERSE SIDE

No. 46608

Idaho Corporation Annual Report Form

Due No Later Than November 30, 95

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- Please Correct If Not Correct

LEWISTON ORTHOPAEDIC ASSOCIATES

320 WARNER DRIVE

LEWISTON ID 83501

2. Registered Agent and Office NOT A P.O. BOX

ROBERT FACKLER
320 WARNER DRIVE

LEWISTON ID 83501

3. Incorporated Under The Laws of

ID
NO: 46608

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	M.R. Kym, M.D.	4073 Fairway Dr.	Lewiston	ID	83501
Secretary:	P.W. Beall, M.D.	237 Preston	Lewiston	ID	83501
Directors:	N.R. Schroeder, M.D.	3431 16th St.	Lewiston	ID	83501
	J.C. Kovach, M.D.	2414 15th St.	Lewiston	ID	83501

5. Nature of Business

Medical Office

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 N.R. Schroeder Date 7/19/95

Name (Typed or Printed) _____ Title _____