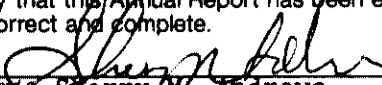
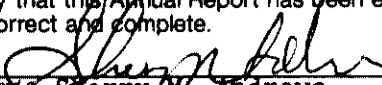
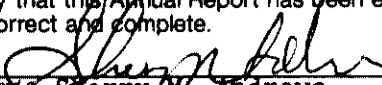


No.	<b>Idaho Corporation Annual Report Form</b> <b>1992</b> Due No Later Than November 1,		2. Registered Agent and Office NOT A P.O. BOX <b>WILLIAM Y. DUNCAN III M.D</b> <b>126 SADDLE ROAD</b>																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	1. Mailing Address — Please Correct If Not Correct <b>SUN VALLEY UROLOGY CLINIC, P.A.</b> <b>WILLIAM Y. DUNCAN III M.D</b> <b>BOX 657</b>  <b>SUN VALLEY</b> <b>ID 83353 0000</b>		<b>KETCHUM</b> <b>ID 83340</b>  3. Incorporated Under The Laws of <b>NO: 84945</b>																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>William Y. Duncan III, M.D.</td> <td>P.O. Box 657</td> <td>Sun Valley</td> <td>ID</td> <td>83353</td> </tr> <tr> <td>Secretary:</td> <td>June M. Thresher LPN, RMA</td> <td>same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Sherry M. Andrews, MA</td> <td>same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	William Y. Duncan III, M.D.	P.O. Box 657	Sun Valley	ID	83353	Secretary:	June M. Thresher LPN, RMA	same				Directors:	Sherry M. Andrews, MA	same			
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5. Nature of Business  <b>Doctors office</b> <b>(urology)</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-13-92</td> </tr> <tr> <td>Name (Type or Printed)</td> <td>Sherry M. Andrews</td> <td>Title</td> <td>MA</td> </tr> </table>			Signature		Date	7-13-92	Name (Type or Printed)	Sherry M. Andrews	Title	MA																
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