Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		Annual Report Form Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct	CHR	ISTINE C	_	
		TETON MEDICAL SPECIALTY CENT CHRISTINE CLARK 2001 S WOODRUFF BOX 1346		2001 S WOODRUFF AVE TETON MEDIACAL SPECIALTY IDAHO FALLS ID 83404 3. Organized Under the Laws of:		
* FIRST NO		IDAHO FALLS ID 83404 Susiness Addresses of President, Secretary and Direct		10	<u>c 75119</u>	
		•	embers (check on	e)		
Office held	Name	Street or P.O. Address	<u>City</u>	<u>Sta</u>	te <u>Zip</u>	
President	Leland K. Krantz II, M.D.			Teton Medical Specialty Ctr.		
Director	James M	. David, M.D.	2001 S	2001 South Woodruff Avenue		
Director	Roger 1	ali, M.D.	Idaho	Idaho Falls, ID 83404		
Director	Michael	O. Huntington , M.D.				
Director	David S	hrader, M.D.				
Signature of Ne	w Registered	Agent 6. Signature Mustine	Clark	Date July	14, 1999	
		Name (Typed or Christine Cl	lark	Title <u>Admi</u>	nistrator	

9423

ISSUED: 07-03-1999