

No. C 59287	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct ERIC G. STACKLE M.D., P.A. ERIC STACKLE 2429 NORTH COLE ROAD BOISE ID 83704	ERIC STACKLE 2429 NORTH COLE ROAD BOISE ID 83704 3. Organized Under the Laws of: ID C 59287
* FIRST NOTICE *		

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (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>
<i>President</i>	<i>Eric G. Stackle, M.D.</i>	<i>2429 North Cole Rd.</i>	<i>Boise</i>	<i>Idaho</i>	<i>83704</i>
<i>Secretary</i>	<i>Mary Stackle</i>	"	"	"	"

5. NATURE OF BUSINESS PHYSICIAN MEDICAL PRACTICE	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><i>Eric G. Stackle, M.D.</i></u> Date <u><i>7/15/96</i></u> Name <small>(Typed or Printed)</small> <u><i>Eric Stackle, M.D.</i></u> Title <u><i>President</i></u>
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ISSUED: 07-06-1996

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