

No. C 92077	Annual Report Form 1996 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		CHARLES D STEJART 1114 WARM SPRINGS AVE BOISE ID 83712																			
	SAWTOOTH LABORATORIES, INC. CHARLES D STEUART 1114 WARM SPRINGS AVE BOISE ID 83712		3. Organized Under the Laws of: DE C 92077																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CHARLES D. STEUART</td> <td>200 N 3rd ST. #501</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>DIRECTOR</td> <td colspan="5">"SAME AS ABOVE"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CHARLES D. STEUART	200 N 3rd ST. #501	BOISE	ID	83702	DIRECTOR	"SAME AS ABOVE"				
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PRESIDENT	CHARLES D. STEUART	200 N 3rd ST. #501	BOISE	ID	83702																	
DIRECTOR	"SAME AS ABOVE"																					
5. NATURE OF BUSINESS MEDICAL MANAGEMENT		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>Charles D. Steuart</i></u> Date <u>8-12-96</u> Name (Typed or Printed) <u>CHARLES D. STEUART</u> Title <u>PRESIDENT</u>																				

ISSUED: 07-06-1996

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