

No. C 42983	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX KENNETH E. DROULARD 1512 12TH AVE. S. NAMPA ID 83651																														
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 KENNETH E. DROULARD PROFESSI KENNETH E. DROULARD DRAWER D		3. Organized Under the Laws of: ID C 42983																														
* FIRST NOTICE * NAMPA ID 83651																																	
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office-held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 40%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>K.E. DROULARD, M.D.</i></td> <td><i>2055 S. SPRINGBROOK,</i></td> <td><i>BOISE,</i></td> <td><i>ID.</i></td> <td><i>83706</i></td> </tr> <tr> <td><i>DIRECTOR</i></td> <td><i>T.M. DONNELLINGER, M.D.</i></td> <td><i>1512 12TH AVE RD.</i></td> <td><i>NAMPA,</i></td> <td><i>ID.</i></td> <td><i>83696</i></td> </tr> <tr> <td><i>DIRECTOR</i></td> <td><i>M.R. DROULARD</i></td> <td><i>841 E. PA.</i></td> <td><i>BOISE,</i></td> <td><i>ID.</i></td> <td><i>83706</i></td> </tr> <tr> <td><i>SECRETARY</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<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>K.E. DROULARD, M.D.</i>	<i>2055 S. SPRINGBROOK,</i>	<i>BOISE,</i>	<i>ID.</i>	<i>83706</i>	<i>DIRECTOR</i>	<i>T.M. DONNELLINGER, M.D.</i>	<i>1512 12TH AVE RD.</i>	<i>NAMPA,</i>	<i>ID.</i>	<i>83696</i>	<i>DIRECTOR</i>	<i>M.R. DROULARD</i>	<i>841 E. PA.</i>	<i>BOISE,</i>	<i>ID.</i>	<i>83706</i>	<i>SECRETARY</i>					
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5. NATURE OF BUSINESS ANY LAWFUL <i>medicine</i>		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 <i>[Signature]</i> Date <i>7/15/96</i> Name (Typed or Printed) <i>K.E. DROULARD, M.D.</i> Title <i>PRESIDENT</i>																															

ISSUED: 07-06-1996

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