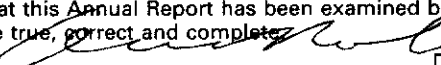


No. <b>C 44729</b>	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  ANDREW W. MCROBERTS 1448 E. CENTER  POCATELLO      ID    83204
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, if Not Correct  ANDREW W. MCROBERTS, M.D., D ANDREW W MCROBERTS P O BOX 1304  POCATELLO IDAHO    ID 83204		3. Organized Under the Laws of:  ID      C 44729
<b>* FIRST NOTICE *</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>
President:	Andrew W. McRoberts	P.O. Box 1304	Pocatello    ID    83204
Secretary:	Jacqueline McRoberts	Same	Same      Same      Same
Directors:	Andrew W. McRoberts		
	Jacqueline McRoberts		
5. NATURE OF BUSINESS  THORACIC SURGERY		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  Date <u>October 23, 1996</u>  Name (Typed or Printed) <u>Andrew W. McRoberts</u> Title <u>President</u>	

ISSUED: 07-06-1996

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