

INSTRUCTIONS ON REVERSE SIDE

No. 106717	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	LYNDAL E STOUTIN 504 MAIN ST STE 444
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct VALLEY ANESTHESIA, P.A. LYNDAL E STOUTIN 504 MAIN ST STE 444 LEWISTON ID 83501	LEWISTON ID 83501 3. Incorporated Under The Laws of ID NO: 106717

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	LARRY P. DAVIS,	3020 24th	CLARKSTON,	WA	99403
Secretary:	CRAIG G. FLINDERS,	3211 4th	LEWISTON,	ID	83501
Directors:					
VICE PRES.	LYNDAL E. STOUTIN,	175 HILLCREST,	LEWISTON,	ID	83501
TREAS.	RANDALL N. BERG,	1638 RIDGEVIEW,	CLARKSTON,	WA	99403

5. Nature of Business

 ANESTHESIA
 BILLING

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

Name (Typed or Printed)

RENELEY C. GRON

Date

Title

 7/19/95
 OFC MGR