

No. W 1807	Annual Report Form Due No Later Than November 30, 1996		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 SMITH & REA DIGESTIVE HEALTH TED REA 284 MARTIN ST TWIN FALLS ID 83301		IDAHO SERVICE COMPANY 911 W IDAHO BOISE ID 83701 3. Organized Under the Laws of:
* FIRST NOTICE *			
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 checked="" type="checkbox"/> Members (check one)			
Office held	Name	Street or P.O. Address	City State Zip
Member	Ted Rea	4142 Shoshone Falls Grade	Twin Falls ID 83301
Member	Dorothy Rea	" "	" " "
Member	Kent Smith	3647 E 3950 N	Kimberly ID 83341
Member	Diane Smith	" "	" "
5. SIGNATURE OF CURRENT RA MEDICAL SERVICES		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>Alene L. Hansen</i></u> Date <u>7/10/96</u> Name (Typed or Printed) <u>Alene L. Hansen</u> Title <u>Administrator</u>	

ISSUED: 07-08-1996

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