

INSTRUCTIONS ON REVERSE SIDE

ISSUED JULY 1, 1989

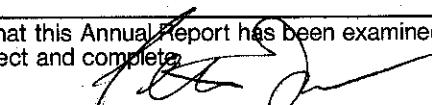
No. 86586	Idaho Corporation Annual Report Form		2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE NO FEE REQUIRED 00 JUL 28 AM 9 22	Due No Later Than November 1, 1989		PETER C. JONES 2121 IRONWOOD DRIVE Center Drive	
	1. Mailing Address — Please Correct	86586 COEUR D'ALENE SURGERY CENTER, INC PETER C. JONES 2121 IRONWOOD DRIVE Center Drive	COEUR D'ALENE	ID 83814
	COEUR D'ALENE	ID 83814	3. Incorporated Under The Laws of IDAHO	
			NO: 86586	

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	PETER C JONES	2121 IRONWOOD Center 02	COEUR D'ALENE	ID	83814
Secretary:	KATHLEEN Z JONES	" " " "	"	"	"
Directors:	AS ABOVE	" " " "	"	"	"

5. Nature of Business *Outpatient
Surgery Center*

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 (Type or Printed) Peter C. Jones MDDate *7/14/89*Title *President*