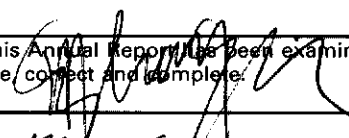


| No. C 44243 | Annual Report Form 1996 Due No Later Than November 30, | | 2. Registered Agent and Office NOT A P.O. BOX M. J. SHARP, M.D. 240 N. 18TH AVE. POCATELLO ID 83201 | | | | | | | | | | | | | | | | | |
|--|--|------------------------|---|-------------|-------|------------------------|------|-------|-----|--|-----------------------|-----------------|-----------|----|-------|--|---------------------------|--|--|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address Please Correct, If Not Correct M. J. SHARP, M.D., P.A. MERRILL J. SHARP, M.D. 240 N. 18TH 330 S. 7th Ave POCATELLO ID 83201 | | 3. Organized Under the Laws of: ID C 44243 | | | | | | | | | | | | | | | | | |
| | 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) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 15%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>M. J. Sharp, MD Pres.</td> <td>330 S. 7th Ave.</td> <td>Pocatello</td> <td>ID</td> <td>83201</td> </tr> <tr> <td></td> <td>Mrs. Winnie H. Sharp Secy</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Office held | Name | Street or P.O. Address | City | State | Zip | | M. J. Sharp, MD Pres. | 330 S. 7th Ave. | Pocatello | ID | 83201 | | Mrs. Winnie H. Sharp Secy | | | |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | |
| | M. J. Sharp, MD Pres. | 330 S. 7th Ave. | Pocatello | ID | 83201 | | | | | | | | | | | | | | | |
| | Mrs. Winnie H. Sharp Secy | | | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS MEDICAL | 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 96-04-04 Name (Typed or Printed) M. J. SHARP, M.D. Title Pres | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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