

No. <b>C 99147</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
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  PAUL G. MONTGOMERY, M.D., P. PAUL G. MONTGOMERY 1674 EAST SEAPORT COURT		PAUL G. MONTGOMERY 1674 EAST SEAPORT COURT  BOISE ID 83706																			
	3. Organized Under the Laws of:		ID C 99147																			
	* FIRST NOTICE *																					
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)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Paul G. Montgomery</td> <td>1674 E. Seaport Ct.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Karen H. Montgomery</td> <td>1674 E. Seaport Ct.</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Paul G. Montgomery	1674 E. Seaport Ct.	Boise	ID	83706	Secretary	Karen H. Montgomery	1674 E. Seaport Ct.	Boise	ID	83706
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5. NATURE OF BUSINESS  MEDICAL PRACTICE		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>Karen H. Montgomery</u> Date <u>11-2-96</u> Name (Typed or Printed) <u>Karen H. Montgomery</u> Title <u>Secretary</u>																				

ISSUED: 07-06-1996

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