

July 30, 1996

E. Manley Briggs, M.D.  
Urology, P.A. C74015  
333 N First Street #100  
Boise ID 83702

RE: Urology, P.A. C74015

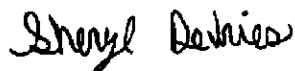
Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.


If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries  
Corporate Division

Enclosures: cited

No. <b>C 74015</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		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>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		<b>E. MANLEY BRIGGS, M.D.</b> <b>333 N. 1ST, SUITE 100</b>							
	<b>JROLOGY, P.A.</b> <b>E. MANLEY BRIGGS, M.D.</b> <b>333 NORTH FIRST STREET #100</b>		<b>BOISE</b> ID <b>83702</b>							
	<b>BOISE</b> ID <b>83702</b>		3. Organized Under the Laws of:  ID <b>C 74015</b>							
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="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>					
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL PRACTICE</b>		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></u> Date <u>7/22/96</u> Name (Typed or Printed) _____ Title _____								

ISSUED: 07-06-1996

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