


No. W 1062	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 IDAHO FALLS CLINIC, L.L.C. LELAND K KRANTZ, II 2001 S WOODRUFF	LELAND K KRANTZ, II 2001 S WOODRUFF IDAHO FALLS ID 83404
* FIRST NOTICE * IDAHO FALLS ID 83404		3. Organized Under the Laws of: ID W 1062
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Alan G. Avondet, M.D.,	2001 S. Woodruff, #15, Idaho Falls, ID 83404
Member	Leland K. Krantz, II, M.D.,	2001 S. Woodruff, #15, Idaho Falls, ID 83404
Member	James M. David, M.D.,	2001 S. Woodruff, #15, Idaho Falls, ID 83404
Member	Margaret A. Wagner, M.D.,	2001 S. Woodruff, #15, Idaho Falls, ID 83404
Member	Craig D. Scoville, M.D.,	2001 S. Woodruff, #15, Idaho Falls, ID 83404
5. SIGNATURE OF CURRENT RA		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 <u>07/15/96</u> Name (Typed or Printed) <u>Alan G. Avondet, M.D.</u> Title <u>Member</u>

ISSUED: 07-08-1996

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