March 15, 1995

BOISE MINOR EMERGENCY CENTER, P.A. GARY CANOVA 2993 N COLE RD BOISE ID 83704

RE: BOISE MINOR EMERGENCY CENTER, P.A. File Number C 104537

Dear Mr. Canova:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The corporation forfeited its right to do business on December 1, 1994. To reinstate the corporate status, please resubmit the annual report form along with a \$20.00 reinstatement fee before December 1, 1995.

The names of the officers and directors of the corporation have been shown in block 4, but complete addresses are not given. Please furnish addresses for the officers and directors listed. After completing that block, resubmit the "annual report to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours.

Tonya Herold Corporate Division

Enclosures: cited

Idaho Corporation Annual Report Form   2. Registered Agent and Office (NOT A PC GARY CANOVA PC GARY CANOVA, PC GARY CANO		INSTRUC	TIONS ON REVERSE SIDE	erigin laburur ben	Charles and the state of the st
Secretary of State Room 203, Statehouse Boise, ID 83720  ** FINAL NOTICE **  ** O FEE REQUIRED  ** Solise  **	No. 104537	Idaho Corpor	ation Annual Report Form	2. Registered Agent and i	
Secretary of State Room 203, Statehouse Boise, ID 83720  *** FINAL NOTICE ** *** NO FEE REQUIRED  *** SOISE MINOR EMERGENCY CENTER, P. BOISE  *** FINAL NOTICE ** *** NO FEE REQUIRED  *** SOISE  ** SOISE  *** SOISE  ** SOISE  *** SOISE  ** SOISE  *** SOISE  ** SOISE  *** SOIS	Return To	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iitaatuusttoisti sinnilise lise tenesi saksi seessa mas llasullis alli liitti misti tuotaatiin 5°, tähati		E ROAD
4. Names and Addresses of Officers and Directors  Name Street or P.O. Address  President: GARY CANOVA, M.D. Secretary: K. SUZANNE CLARK Directors: GARY CANOVA, M.D.  Secretary: GARY CANOVA, M.D.  Secretary: GARY CANOVA, M.D.  Secretary: GARY CANOVA, M.D.  Secretary: GARY CANOVA, M.D.  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete.	Room 203, Statehouse Boise, ID 83720	BOISE MINOR EMERGENCY CENTERS P GARY CANOVA M.D.		BOISE 10 83704  3, Incorporated Under The Laws	
Name Street or P.O. Address City State Zip  President: GARY CANOVA, M.D.  Secretary: K. SUZANNE CLARK  Directors: GARY CANOVA, M.D.  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, corrego and complete.	NO FEE REQUIRED		10 83704	그는 사람들은 하는 그를 받는 그는 그를 살아갔다.	
President: GARY CANOVA, M.D. Secretary: K. SUZANNE CLARK Directors: GARY CANOVA, M.D.  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete.	4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED	OR TYPED	
Secretary: K. SUZANNE CLARK Directors: GARY CANOVA, M.D.  5. Nature of Business  6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete.		Name	Street or P.O. Address	City	State Zip
true, correct and complete	Secretary: K. SUZANNE (	CLARK			
	5. Nature of Business	Signature	Stand completes	M) Date 3-	10-95
Name (Tiplesd or GARY CANOVA, M.D. Title OWNER		Name Printed)	GARY CANOVA, M.D.	Title OWNER	3.