

No. C 66349	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct THOMAS R. GUYER, M.D., PROFE WINSTON V. BEARD P.O. BOX 1718 2105 Coronado St. 83404 IDAHO FALLS ID 83402		WINSTON V. BEARD 583 N. CAPITAL 2105 Coronado St. 83404 IDAHO FALLS ID 83402 3. Organized Under the Laws of: ID C 66349		
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 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>
President	Thomas R. Guyer	10701 S. First E.	Idaho Falls	ID	83401
Secretary	Winston V. Beard	2105 Coronado	Idaho Falls	ID	83404
Director	Thomas R. Guyer				
5. NATURE OF BUSINESS MEDICINE & SURGERY		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>Winston V. Beard</u> Date <u>10/25/96</u> Name (Typed or Printed) <u>Winston V. Beard</u> Title <u>Secretary</u>			

ISSUED: 07-06-1996

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