

No. C 82049	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814
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 PETER C. JONES, M.D., P.A. PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814		3. Organized Under the Laws of: ID C 82049
* FIRST NOTICE *			
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> <i>President</i> <i>Secretary</i> <i>Board of Directors</i>	<u>Name</u> <i>Peter C Jones, MD</i>	<u>Street or P.O. Address</u> <i>3375 Walkers Bay Rd</i>	<u>City</u> <i>Coeur d'Alene</i>
			<u>State</u> <i>ID</i>
			<u>Zip</u> <i>83814</i>
5. NATURE OF BUSINESS PLASTIC HAND 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><i>Peter C Jones</i></u> Date <u><i>7/19/96</i></u> Name (Typed or Printed) <u><i>Peter C Jones MD</i></u> Title <u><i>President</i></u>	

ISSUED: 07-06-1996

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