

August 5, 1996

Wyoming Medical Supply C79518  
101 Big Horn Rd  
Casper WY 82601

RE: Wyoming Medical Supply C79518

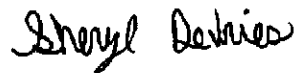
Greetings:

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.

We noted that the registered agent and office has been crossed off in block 2 and the correction is missing. Pursuant to section 30-1-12, Idaho Code, each Idaho corporation must have and continuously maintain a registered agent in this state. Please make the correction and resubmit the form to this office before December 3, 1996 to avoid forfeiture.

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 79513</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>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i> <b>1. Mailing Address - Please Correct, If Not Correct</b>  WYOMING MEDICAL SUPPLY  101 BIG HORN RD  CASPER                      WY 82601	<b>2. Registered Agent and Office NOT A P.O. BOX</b>  BRIAN DOWNEY 226 NEZ PERCE AVE  REXBURG                      ID 83440  <b>3. Organized Under the Laws of:</b>  WY                      C 79513																									
<b>4. Corporations: Enter Names and Addresses of President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																											
<u>Office held</u>  President Sec. Treas. DIRECTORS	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Terry A. Johnson</td> <td>902 S. Beach</td> <td>Casper</td> <td>WY</td> <td>82601</td> </tr> <tr> <td>Norma D. Johnson</td> <td>SAME AS ABOVE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TA. Johnson</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Norma D. Johnson</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Terry A. Johnson	902 S. Beach	Casper	WY	82601	Norma D. Johnson	SAME AS ABOVE				TA. Johnson					Norma D. Johnson				
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<b>5. NATURE OF BUSINESS</b>  MEDICAL EQUIPMENT & SUPPLIES	<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.</b> Signature <u>Robbie L. Orrell</u> Date <u>7/31/96</u> Name (Typed or Printed) <u>Robbie L. ORRELL</u> Title <u>Admin. Asst.</u>																										

ISSUED: 07-06-1996

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