# # ## * ## * ## * ## * ## * ## * ## *	INSTRUCTION	NS ON REVERSE SIDE	-	ISSUED	: 09-30-	ት <b>৬</b>
No.107690	Idaho Corporation Annual Report Form			2. Registered Agent and Office NOT A P.O. BOX		
Return To	Due No Later Than November 30:  1 Mailing Address Please Correct If Not Correct			GLEN HEGGIE Kent Smith 325 MARTIN ST 284 Martin #2		
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	MEDICAL RESOURCES, INC.  GLEN HEGGIE  325 MARTIN ST 284 Martin St. #2		TWIN FALLS ID 83301  3. Incorporated Under The Laws of			
** FINAL NOTICE ** NO FEE REQUIRED	TWIN FALLS	ID 83301		ID No: 1076	90	
4. Names and Addresses of Of President: Kent J. Sm Secretary: Diane L. R. Directors: Kent J. Sm Diane L. R.	Name ith MD 284 Smith 284 ith MD 284		Twir	City Falls	State	Postal Code 83301
5. Nature of Business  LEASING	6. I certify that this Anni complete., Signature. Name (Typed or Printed)	Jal Report has been examined  J. Smith  J. Smith	d by me a	Dat	of my knowledge e 10-11-95 Presiden	-

gaper and the control of the graph of the control o