

No. 07945	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994	JUNE E. HEILMAN, M.D. 333 NORTH 18TH STREET
	1. Mailing Address — <i>Please Print or Type</i> JUNE E. HEILMAN, M.D., P.A. JUNE E. HEILMAN, M.D. 333 NORTH 18TH STREET POCATELLO ID 83201	POCATELLO ID 83201 3. Incorporated Under The Laws of ID NO: 67945

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	June E. Heilman, M.D.	333 N. 18th Ave.	Pocatello, ID	ID	83201
Secretary:	T. Layne VanOrden	131 N. Oak	Blackfoot, ID	ID	83221
Directors:	June E. Heilman, M.D.	333 N. 18th Ave.	Pocatello, ID	ID	83201

5. Nature of Business

MEDICAL/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

Name (Typed or Printed)

June E. Heilman, M.D.

Date

Title

20 Sept 94
President