

No. <u>8188</u>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  NO FEE REQUIRED	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i>  MAGIC VALLEY OB/GYN ASSOCIA E. MONTE CRANDALL, M.D. 141 MORRISON STREET  TWIN FALLS ID 83301	2. Registered Agent and Office NOT A P.O. BOX  E. MONTE CRANDALL, M.D. 141 MORRISON STREET  TWIN FALLS ID 83301  3. Incorporated Under The Laws of ID  NO: 081688
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4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<i>E. Monte Crandall</i>	<i>3102 Boehm Estate</i>	<i>Twin Falls</i>	<i>ID</i>	<i>83301</i>
Secretary:	<i>Don Smith</i>	<i>3177 Heatherwood Dr.</i>	<i>"</i>	<i>"</i>	<i>"</i>
Directors:	<i>"</i>	<i>3102 Boehm Estate</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>E. Monte Crandall</i>	<i>Route #3 Box 6619</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>Marc Astin</i>				

5. Nature of Business  <i>Medical Care</i>	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 <i>E. Monte Crandall, MD</i> Date <i>7/30/91</i> Name (Typed or Printed) <i>E. Monte Crandall</i> Title <i>Pres.</i>
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