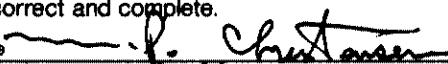
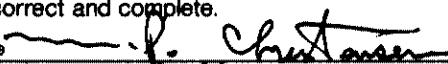
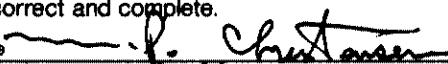


No. 072483	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 88 NOV 3 AM	Due No Later Than November 1, 1988		M.P. PUGSLEY-CHRISTENSEN 2205 NORTH IRONWOOD PLAC COEUR D'ALENE, IDAHO 83814																									
	1. Mailing Address — Please Correct 072483 NORTH IDAHO SURGERY CENTER, INC. M.P. PUGSLEY-CHRISTENSEN 2205 N. IRONWOOD PLACE COEUR D'ALENE, IDAHO 83814				3. Incorporated Under The Laws of STATE OF IDAHO																							
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>M..G. PUGSLEY-CHRISTENSEN, MD.</td> <td></td> <td>2205 N. IRONWOOD PL</td> <td>COEUR D ALENE,</td> <td></td> </tr> <tr> <td>Secretary:</td> <td>" " "</td> <td></td> <td>" "</td> <td>"</td> <td>83814</td> </tr> <tr> <td>Directors:</td> <td>M.G. PUGSLEY-CHRISTENSEN, M.D.</td> <td></td> <td>2905 FERNAN CRT</td> <td>COEUR D ALENE, ID</td> <td>8</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	M..G. PUGSLEY-CHRISTENSEN, MD.		2205 N. IRONWOOD PL	COEUR D ALENE,		Secretary:	" " "		" "	"	83814	Directors:	M.G. PUGSLEY-CHRISTENSEN, M.D.		2905 FERNAN CRT	COEUR D ALENE, ID	8
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>11-1-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>M P CHRISTENSEN</td> <td>Title</td> <td>Pres</td> </tr> </table>			Signature		Date	11-1-88	Name (Typed or Printed)	M P CHRISTENSEN	Title	Pres																
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