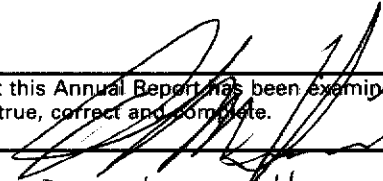


No. <u>C 69375</u>	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX DANIEL M. HENRIE 1121 E 21ST BURLEY ID 83318	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct DANIEL M. HENRIE, M.D., P.A. DANIEL M HENRIE 1121 E 21ST WEN		3. Organized Under the Laws of: ID C 69375	
* FIRST NOTICE * BURLEY ID 83318				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Daniel m. Henrie	1121 E 21st	Burley	ID 83318
Secretary	Kathleen Henrie	1121 E 21st	Burley	ID 83318
5. NATURE OF BUSINESS EMERGENCY MEDICINE		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 <u></u> Date <u>7/20/96</u> Name <small>(Typed or Printed)</small> <u>Daniel m. Henrie</u> Title <u>President</u>		

ISSUED: 07-06-1996

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