


No. C 68674	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  MEDICAL MANAGEMENT, INC. JIM TROUNSON 1087 W RIVER ST  BOISE ID 83702 7024		JIM TROJNSON 1087 W RIVER ST SUITE 180 BOISE ID 83702  3. Organized Under the Laws of:  ID C 68674													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) <table border="1" data-bbox="23 345 1463 430"> <thead> <tr> <th>Office held</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>Jim Trownson</td> <td>1087 W River #180</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Jim Trownson	1087 W River #180	Boise	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Jim Trownson	1087 W River #180	Boise	ID	83702											
5. NATURE OF BUSINESS  CONTRACT MANAGEMENT & CONSULTING	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  Date 9/23/96 Name (Typed or Printed) Jim Trownson Title President															
ISSUED: 07-06-1996			18664													