

No. C 58674	Annual Report Form Due No Later Than November 30, 1995		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 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MEDICAL MANAGEMENT, INC. JIM TROJNSON 1087 W RIVER ST		JIM TROJNSON 1087 W RIVER ST SUITE 180 BOISE ID 83702
* FIRST NOTICE *	BOISE	ID 83702 7024	3. Organized Under the Laws of: ID C 68674
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 checked="" type="checkbox"/> Members (check one)			
<u>Office held</u> President	<u>Name</u> Jim Traunson	<u>Street or P.O. Address</u> 1087 W River #180	<u>City</u> Boise
			<u>State</u> ID <u>Zip</u> 83702
5. NATURE OF BUSINESS CONTRACT MANAGEMENT &		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>JKT</u> Date <u>9/23/96</u> Name <small>(Type or Printed)</small> <u>Jim Traunson</u> Title <u>President</u>	

ISSUED: 07-06-1996

18664