

No. C 50573

Annual Report Form 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

1. Mailing Address - Please Correct, If Not Correct

ROCCO P. CIFRESE, M.D. & SAR ROCCO P CIFRESE, M.D. 1995 EAST 17TH STREET

ROCCO P. CIFRESE 1995 EAST 17TH ST.

IDAHO FALLS ID 83404

3. Organized Under the Laws of:

ID C 50578

NO FEE REQUIRED

\* FIRST NOTICE \*

IDAHO FALLS ID 83404

4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Table with 5 columns: Office held, Name, Street or P.O. Address, City, State, Zip. Rows include Rocco P. Cifrese, M.D. and Sara A. Cifrese, M.D.

5. NATURE OF BUSINESS MEDICAL SERVICES

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 Rocco P. Cifrese Date 7/17/96

Name (Typed or Printed) Rocco P Cifrese Title Pres

ISSUED: 07-06-1996

8459