

July 22, 1996

Western Medical Consultants C105224
1099 SW Columbia Ste 200
Portland OR 97201

RE: Western Medical Consultants C105224

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that the corporation is not doing business in Idaho. The records of this office, however, do not indicate that the corporation has filed an application for withdrawal from this state.

Enclosed please find an application for withdrawal. This office requires the application in duplicate and fees of \$20.00 to effect the withdrawal.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive. If an application for withdrawal or annual report is not filed before December 3, 1996, the corporation will forfeit its right to do business in Idaho.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. C105224	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 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83701													
	WESTERN MEDICAL CONSULTANTS, 1099 SW COLUMBIA STE 200 PORTLAND OR 97201															
3. Organized Under the Laws of: OR C105224																
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)																
<table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align:center; padding: 20px;"> No longer doing business in Idaho as of 6/95. </td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	No longer doing business in Idaho as of 6/95.					
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No longer doing business in Idaho as of 6/95.																
5. NATURE OF BUSINESS MEDICAL EVALUATION 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 <u>Louise C Johnson</u> Date <u>7/17/96</u> Name (Typed or Printed) <u>Louise C Johnson</u> Title <u>Corp. Assist.</u>														

ISSUED: 07-06-1996

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