

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-30-1992

No. 101658	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1993	CARL W. HARDER 877 W MAIN ST
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address - Please Correct if Not Correct	
	K. C. MURPHY, M.D., P.A. K. C. MURPHY, M.D. 5281 DRY CREEK RD 849 W. Sandstone Ln BOISE ID 83702	BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 101658

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	K.C. Murphy	849 W. Sandstone Ln	Boise	Id	83702
Secretary:	Marion S. Murphy	13795 Broken Horn Rd	Boise	Id	83703
Directors:					

5. Nature of Business

Physician

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	K.C. Murphy MD	Date	10/25/93
Name (Typed or Printed)	K.C. Murphy MD	Title	President