

No. <b>C 53941</b>	<b>Annual Report Form</b> <b>1996</b> <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>LEO R. BROWN, M.D.</b> <b>400 NORTH 135 WEST</b>  <b>RUPERT</b> ID <b>83350</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>RUPERT MEDICAL - SURGICAL GR</b> <b>LEO R. BROWN, M.D.</b> <b>P. O. BOX G</b>  <b>RUPERT</b> ID <b>83350</b>	3. Organized Under the Laws of:  ID                      C <b>58941</b>
* <b>FIRST NOTICE</b> * <b>RUPERT</b> ID <b>83350</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<b>President</b>	<b>Leo, R. Brown</b>	<b>P.O. Box G</b>
<b>Vice-President</b>	<b>Isabel M. Brown</b>	<b>P.O. Box G</b>
		<b>Rupert, Idaho 83350</b>
		<b>Rupert, Idaho, 83350</b>
5. <b>NATURE OF BUSINESS</b>  <b>MEDICAL</b>		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><i>Isabel M. Brown</i></u> Date <u><i>10/6/96</i></u> Name (Typed or Printed) <b>Isabel M. Brown</b> Title <u><i>Vice-Pres.</i></u>

ISSUED: 07-06-1996

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