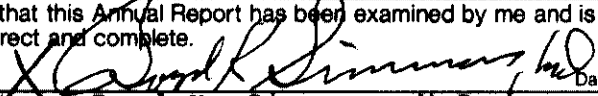
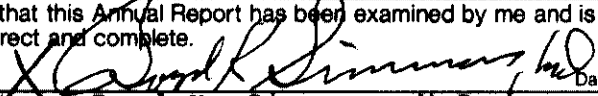
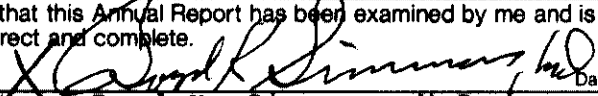


No. 148477	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1988		2. Registered Agent and Office																					
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  SEC.	1. Mailing Address — Please Correct 048477		BOYD K SIMMONS MD 104 SOUTH DAISY STREET SALMON, IDAHO 83467																					
	SALMON MEDICAL CENTER, P.A. BOYD K. SIMMONS, M.D. BOX 1110 SALMON, IDAHO 83467		3. Incorporated Under The Laws of  <b>STATE OF IDAHO</b>																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Arthur D. Earl, M.D.</td> <td>Box 1110</td> <td>Salmon</td> <td>Idaho</td> <td>83467</td> </tr> <tr> <td>Secretary: Jean Tomita</td> <td>Box 1110</td> <td>Salmon</td> <td>Idaho</td> <td>83467</td> </tr> <tr> <td colspan="5">Directors:</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Arthur D. Earl, M.D.	Box 1110	Salmon	Idaho	83467	Secretary: Jean Tomita	Box 1110	Salmon	Idaho	83467	Directors:				
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Directors:																								
5. Nature of Business  Medical		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="0"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>           (Typed or Printed)          Boyd K. Simmons, M.D.       </td> <td>         10-10-88          Vice President       </td> </tr> </table>			Signature	Date	 (Typed or Printed) Boyd K. Simmons, M.D.	10-10-88 Vice President																
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 OCT 13 1988