

INSTRUCTIONS ON REVERSE SIDE

No. 76879	Idaho Corporation Annual Report Form Due No Later Than November 30, 1995 1. Mailing Address -- Please Correct If Not Correct	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		L. WILLIAM D. NOWIERSKI, M.D. L. WILLIAM D. NOWIERSKI 116 W. STATE STREET BOISE ID 83702

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	L. William Nowierski, M.D.	116 W. State St.	Boise	ID	83702
Secretary:	"	"	"	"	"
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.

Signature



Date

7/11/95

Name (Typed or Printed)

L. William Nowierski M.D.

Title

Pres.