

| No. <b>C 83577</b>   | <b>Annual Report Form</b><br><i>Due No Later Than November 30,</i> <b>1996</b>   | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br><b>DOUGLAS K. REILLY, M.D.</b><br><b>2280 E. 25TH STREET</b><br><br><b>IDAHO FALLS ID 83401</b> |             |       |                        |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
|--|--|---|-------------|-------|------------------------|------|-------|-----|-----------|-------------------|--------------------|-------------|----|-------|-----------|-----------------|--------------------|-------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>   | 1. Mailing Address - Please Correct, If Not Correct<br><br><b>DOUGLAS K. REILLY M.D., P.C.</b><br><b>DOUGLAS K REILLY MD</b><br><b>30X 2077</b><br><br><b>IDAHO FALLS ID 83403</b>   | 3. Organized Under the Laws of:<br><br><b>WY C 83577</b>  |             |       |                        |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
| <b>* FIRST NOTICE *</b>  |  |   |             |       |                        |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)   |  |   |             |       |                        |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 20%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DOUGLAS K. REILLY</td> <td>4940 SOUTH 65 WEST</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>SECRETARY</td> <td>SUSAN E. REILLY</td> <td>4940 SOUTH 65 WEST</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table> |  |   | Office held | Name  | Street or P.O. Address | City | State | Zip | PRESIDENT | DOUGLAS K. REILLY | 4940 SOUTH 65 WEST | IDAHO FALLS | ID | 83402 | SECRETARY | SUSAN E. REILLY | 4940 SOUTH 65 WEST | IDAHO FALLS | ID | 83402 |
| Office held  | Name   | Street or P.O. Address  | City        | State | Zip                    |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
| PRESIDENT  | DOUGLAS K. REILLY  | 4940 SOUTH 65 WEST  | IDAHO FALLS | ID    | 83402                  |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
| SECRETARY  | SUSAN E. REILLY  | 4940 SOUTH 65 WEST  | IDAHO FALLS | ID    | 83402                  |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |
| 5. <b>NATURE OF BUSINESS</b><br><br><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.<br>Signature <u><i>Douglas K. Reilly</i></u> Date <u>10/29/96</u><br>Name (Typed or Printed) <u>DOUGLAS K. REILLY</u> Title <u>PRESIDENT</u> |   |             |       |                        |      |       |     |           |                   |                    |             |    |       |           |                 |                    |             |    |       |

ISSUED: 07-06-1996

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