

No. C 50830

Due no later than Feb 28, 2001

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

SMITH CLINIC, P.A.
OLIVER D. SMITH, M.D.
825 SOUTH BOULEVARD

IDAHO FALLS, ID 83402

2. Registered Agent and Office NO PO BOX

DOUGLAS P. SMITH
825 SOUTH BOULEVARD

IDAHO FALLS, ID 83401

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Douglas R. Smith M.D.	825 So. Blvd.	Idaho Falls	Id	83401
Sec.	Oliver D. Smith M.D.	825 So Blvd.	Idaho Falls	Id	83401

5. Organized Under the Laws of:

IDAHO
C 50830

6.

Signature

Douglas R. Smith

Date

12/20/00

Name (Typed or Printed)

Douglas R. Smith M.D.

Title:

Pres

Issued 12/05/2000

Do Not Tape or Staple