

No. C 47113	Annual Report Form Due No Later Than November 30, 1976	2. Registered Agent and Office NOT A P.O. BOX WAYNE L. RUBY 523 SOUTH MAIN MOSCOW ID 83843
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. If filing 2 or more Applications, list that Company MOSCOW FAMILY MEDICINE, P.A. DAVID D. SHUPE, M.D. 623 S. MAIN	3. Organized Under the Laws of: ID
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
Office held	Name	Street or P.O. Address
PRESIDENT	WAYNE RUBY, M.D.	623 S. MAIN, Suite #1
VICE PRESIDENT	G. DAVID RUCH, M.D.	623 S. MAIN, Suite #1
TREASURER	FRANCIS SPAN, M.D.	623 S. MAIN, Suite #1
		City State Zip
		Moscow ID 83843
		Moscow ID 83843
		Moscow ID 83843
5. NATURE OF BUSINESS MEDICAL PRACTICE		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>[Signature]</i></u> Date <u>7-17-76</u> Name (Typed or Printed) <u>David D. Shupe</u> Title <u>ADMINISTRATOR</u>

ISSUED: 07-06-1996

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