

August 23, 1994

SAGE GROUP, L.L.C. (THE)
DAVID KENT
339 N ALLUMBAUGH
BOISE ID 83704

RE: SAGE GROUP, L.L.C. (THE) File Number W 335

Dear Mr. Kent:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The name(s) and address(es) in block 4 have been completed, however, no box has been checked to specify if they are managers or members. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

If block 2 has specified a new registered agent of the limited liability company, then the signature of the new appointed agent must sign in block 5. Please make the appropriate correction and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

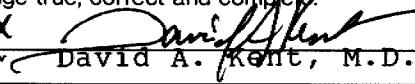
If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

ISSUED: 07-05-1994

No. 335	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		DR STEVE BROWN DAVID Kent 339 N ALLUMBAUGH		
	1. Mailing Address — SAGE GROUP, L.L.C. (THE) DR STEVE BROWN 339 N ALLUMBAUGH BOISE ID 83704		BOISE ID 83704		
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		3. Organized Under The Laws of ID No: 335			
Name	Street or P.O. Address	City	State	Zip	
David A. Kent, M.D.	339 N. Allumbaugh Street	Boise	Idaho	83704	
Charles C. Novak, M.D.	339 N. Allumbaugh Street	Boise	Idaho	83704	
Steve Bushi, M.D.	339 N. Allumbaugh Street	Boise	Idaho	83704	
Cantril Nielsen, M.D.	319 N. Allumbaugh Street	Boise	Idaho	83704	
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
David A. Kent, M.D.		Signature  Name (Typed or Printed) David A. Kent, M.D. Date 8/17/94			