

No. C 60738	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct CLIFFORD S. REUSCH, M.D., P. LEON E. SMITH, JR. P.O. BOX 508 TWIN FALLS ID 83303		LEON E. SMITH, JR. 210 6TH AVE. EAST TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C 60738																			
* FIRST NOTICE * TWIN FALLS ID 83303 ID C 60738																						
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) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President & Director</td> <td>Clifford S. Reusch, MD</td> <td>3460 South 4155 West,</td> <td>West Valley City,</td> <td>Utah</td> <td>84120</td> </tr> <tr> <td>Secretary</td> <td>Leon E. Smith</td> <td>210 Sixth Avenue East,</td> <td>Twin Falls,</td> <td>Idaho</td> <td>83303-0508</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President & Director	Clifford S. Reusch, MD	3460 South 4155 West,	West Valley City,	Utah	84120	Secretary	Leon E. Smith	210 Sixth Avenue East,	Twin Falls,	Idaho	83303-0508
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5. NATURE OF BUSINESS PRACTICE OF MEDICINE		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>Clifford S. Reusch</i></u> Date <u>22 August 1996</u> Name (Typed or Printed) <u>Clifford S. Reusch, MD</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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