

No. C104550

Annual Report Form
Due No Later Than November 30, 1995

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

ENT ASSOCIATES, P.A.
 DELRAY MAUGHAN
 901 NORTH CURTIS RD #401

DELRAY MAUGHAN
 901 NORTH CURTIS RD #401
 BOISE ID 83706

3. Organized Under the Laws of:

* FIRST NOTICE * BOISE ID 83706 C104550

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

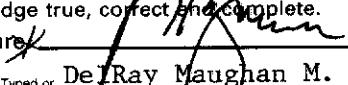
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	DelRay Maughan M.D.	901 n. Curtis Rd. #401	Boise,	ID	83706
Secretary	Matthew B. Schwarz M.D.	901 N. Curtis Rd #401	Boise,	ID	83706
Vice-Pres.	Eric T. Garner M.D.	901 N. Curtis Rd. #401	Boise,	ID	83706

5.

NATURE OF BUSINESS
 MEDICAL SERVICES

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 
 Date 9/26/96
 Name (Typed or Printed) DelRay Maughan M. D. Title President

ISSUED: 07-06-1995

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