


No. C104550	Annual Report Form <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office NOT A P.O. BOX DELRAY MAUGHAN 901 NORTH CURTIS RD #401 BOISE ID 83706		
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 BOISE ID 83706		3. Organized Under the Laws of: ID C104550		
* 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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	DeRay 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 <u></u> Date <u>9/26/96</u> Name <small>(Typed or Printed)</small> <u>DeRay Maughan M. D.</u> Title <u>President</u>			

ISSUED: 07-06-1996

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