INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 43599

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- Please Correct If Not Correct

REXBURG MEDICAL CENTER PROFESSI
~~LAVAR M. WITHERS~~ C. Jeffrey Zollinger
~~BOX 370~~ 950 Greenhaven Circle
REXBURG ID 83440

2. Registered Agent and Office NOT A P.O. BOX

LAVAR M. WITHERS, M.D.
393 EAST SECOND NORTH
REXBURG ID 83440

3. Incorporated Under The Laws of ID
NO: 43599

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	C. JEFFREY ZOLLINGER	950 Greenhaven Circle	Rexburg	ID	83440
Secretary:					
Directors:					

5. Nature of Business

Medical Doctors Clinic

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 8/1/95

Name (Typed or Printed) C. Jeffrey Zollinger Title corp. president