

No. 46134	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1994	2. Registered Agent and Office JERROLD E. PARK 720 COLLEGE AVE.  ST. MARIES ID 83861
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b> * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address — ST. JOE VALLEY CLINIC, PROFESSI D. G. HENRIKSEN, M.D. <del>229 SOUTH 8TH STREET</del> <i>P.O. Box 188</i> ST. MARIES ID 83861

## 4. Names and Addresses of Officers and Directors

**PRINTED OR TYPED**

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	J.G. HENRIKSEN, M.D. PRES.	P.O. Box 188	ST. MARIES	ID	83861
Secretary:	J.R. KATOVICH, JR. MD	"	"	"	"
Directors:	DR. BAINES M.D. VP.	"	"	"	"
	D.J. LUTHER, M.D. TREAS.	"	"	"	"

## 5. Nature of Business

*MEDICAL 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	<i>D. G. Henriksen M.D.</i>	Date	<i>7-29-94</i>
Name <small>(Typed or Printed)</small>	<i>D. G. HENRIKSEN, MD.</i>	Title	<i>PRES</i>