

No. 89947 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 I. Mailing Address <i>Please Correct If Not Correct</i> JOSEPH L. BAREFOOT, M.D., P JOSEPH L. BAREFOOT, M.D. 3211 PARKE AVENUE, SUITE BURLEY ID 83318	2. Registered Agent and Office NOT A P.O. BOX JOSEPH L. BAREFOOT, M.D. 3211 PARKE AVENUE, SUITE BURLEY ID 83318 3. Incorporated Under The Laws of ID NO: 089947																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Joseph L. Barefoot</td> <td>M.D. PA 2311 Parke #15</td> <td>Burley</td> <td>Id</td> <td>83318</td> </tr> <tr> <td>Secretary:</td> <td>Theresa M. Barefoot</td> <td>2311 Parke #15</td> <td>Burley</td> <td>Id</td> <td>83318</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Joseph L. Barefoot	M.D. PA 2311 Parke #15	Burley	Id	83318	Secretary:	Theresa M. Barefoot	2311 Parke #15	Burley	Id	83318	Directors:					
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5. Nature of Business Physician Office	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>Joseph L. Barefoot</i></u> Date <u>7-12-91</u> Name (Typed or Printed) <u>Joseph L. Barefoot MD PA</u> Title <u>President</u>																									