

INSTRUCTIONS ON REVERSE SIDE

No. 44172	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX: RODERICK J POYNOR 775 STATE STREET WEISER ID 83672														
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct GIEVER PROFESSIONAL ASSOCIATION RICHARD J. GIEVER, M.D. 360 EAST LIBERTY STREET WEISER ID 83672	3. Incorporated Under The Laws of ID NO: 44172														
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																
President: Secretary: Directors:	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Richard J. Giever, MD</td> <td>360 E Liberty</td> <td>Weiser</td> <td>ID</td> <td>83672</td> </tr> <tr> <td>Kyla M. Dickerson</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Richard J. Giever, MD	360 E Liberty	Weiser	ID	83672	Kyla M. Dickerson	" "	" "	" "	" "
Name	Street or P.O. Address	City	State	Zip												
Richard J. Giever, MD	360 E Liberty	Weiser	ID	83672												
Kyla M. Dickerson	" "	" "	" "	" "												
5. Nature of Business Physician	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Richard J. Giever, MD</td> <td>10/2/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td></td> <td>Pres</td> </tr> </table>		Signature	Date	Richard J. Giever, MD	10/2/94	Name (Typed or Printed)	Title		Pres						
Signature	Date															
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