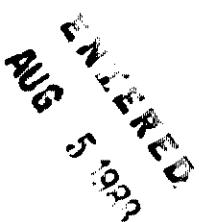
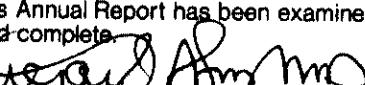


## INSTRUCTIONS ON REVERSE SIDE

|  |  |   |  |                |              |
|--|--|---|--|----------------|--------------|
| No. U61689   | Idaho Corporation Annual Report Form   |   | 2. Registered Agent and Office   |                |              |
| Return To  | Due No Later Than November 1, 1988   |   | MARC T. ASTIN, M.D.<br>141 MORRISON STREET<br>TWIN FALLS, IDAHO<br>83301 |                |              |
| Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br>SEC. OF STATE     | 1. Mailing Address — Please Correct U61689   |   | 3. Incorporated Under The Laws<br>of                                     |                |              |
| 38 AUG 3 AM 8 44   | MARC T. ASTIN, M.D., A PROFESSIONAL<br>MARC T. ASTIN, M.D.<br>141 MORRISON STREET<br>TWIN FALLS, IDAHO<br>83301                                    |   | STATE OF IDAHO   |                |              |
| 4. Names and Addresses of Officers and Directors                                   |  |   |  |                |              |
| President:<br>Secretary:<br>Directors:   | Name<br>Marc Astin MD<br>Cethrynn Astin<br>Marc Astin MD   | Street or P.O. Address<br>141 Morrison Street<br>Route 3 Box 6619 | City<br>Twin Falls   | State<br>IDaho | Zip<br>83301 |
|  |  |   |  |                |              |
|  |  |   |  |                |              |
|  |  |   |  |                |              |
|  |  |   |  |                |              |
|  |  |   |  |                |              |
| 5. Nature of Business  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.                        |   |  |                |              |
| Medicine   | <p>Signature </p> <p>Name <small>Typed</small> MARC T. ASTIN</p> |   |  |                |              |
|  | <p>Date 7-7-88</p>   |   |  |                |              |
|  | <p>Title President</p>   |   |  |                |              |