

No. 170421	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988		CHARLES R. FALTER BOX 729, KANIKSU MEDICAL PRIEST RIVER, IDAHO 83856																									
	1. Mailing Address — Please Correct 170421		3. Incorporated Under The Laws ENTERED of STATE OF IDAHO OCT 21 1988																									
	CHARLES R. FALTER, D.O., P.A. CHARLES R. FALTER BOX 729, PRIEST RIVER MED. CLIN PRIEST RIVER, IDAHO 83856																											
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>Charles R. Falter, D.O.</td> <td>P.O. Box 729</td> <td>Priest River,</td> <td>ID</td> <td>83856</td> </tr> <tr> <td>Secretary:</td> <td>Mary L. Gonzalez</td> <td>HCR 5 Box 60A</td> <td>Priest River,</td> <td>ID</td> <td>83856</td> </tr> <tr> <td>Directors:</td> <td>Charles R. Falter, D.O.</td> <td>P.O. Box 729</td> <td>Priest River,</td> <td>ID</td> <td>83856</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Charles R. Falter, D.O.	P.O. Box 729	Priest River,	ID	83856	Secretary:	Mary L. Gonzalez	HCR 5 Box 60A	Priest River,	ID	83856	Directors:	Charles R. Falter, D.O.	P.O. Box 729	Priest River,	ID	83856
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5. Nature of Business Family 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. Signature  Date October 18, 1988 Name (Typed or Printed) Charles R. Falter, D.O. Title President																										