

No. 143177	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECORDED SEC. 0 JUL 18 PM 2 50	Due No Later Than November 1, 1988		DAVID M JONES 37 COLUMBIA POCA TELLO, IDAHO 83201																									
	1. Mailing Address — Please Correct 043177																											
	DAVID M JONES, M.D., P.A. DAVID M JONES MD 37 COLUMBIA POCA TELLO IDAHO 83201		3. Incorporated Under The Laws of ENTERED JUL 28 1988 STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>David M. Jones MD</td> <td>37 Columbia</td> <td>Pocatello</td> <td>Id</td> <td>83201</td> </tr> <tr> <td>Secretary:</td> <td>" " " "</td> <td>" "</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>" " " "</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	David M. Jones MD	37 Columbia	Pocatello	Id	83201	Secretary:	" " " "	" "				Directors:	" " " "				
	Name	Street or P.O. Address	City	State	Zip																							
President:	David M. Jones MD	37 Columbia	Pocatello	Id	83201																							
Secretary:	" " " "	" "																										
Directors:	" " " "																											
5. Nature of Business Medical Services		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>David M Jones MD</td> <td>7/15/88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>David M Jones MD</td> <td>President</td> </tr> </table>			Signature	Date	David M Jones MD	7/15/88	Name (Typed or Printed)	Title	David M Jones MD	President																
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