


No. 082049	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office													
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 88 AUG 21 10 08 AM '88	1. Mailing Address — Please Correct 082049		PETER C. JONES, M.D. 2121 IRONWOOD 2205 NORTH IRONWOOD PLAC Center Dr COEUR D'ALENE, IDAHO 83814													
	PETER C. JONES, M.D., P.A. PETER C. JONES, M.D. 2121 IRONWOOD 2205 NORTH IRONWOOD PLAC Center Dr COEUR D'ALENE, IDAHO 83814		3. Incorporated Under The Laws of STATE OF IDAHO													
Names and Addresses of Officers and 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>President: PETER C. JONES</td> <td rowspan="3">2109 NARRISON Ave</td> <td rowspan="3">COEUR D'ALENE</td> <td rowspan="3">ID</td> <td rowspan="3">83814</td> </tr> <tr> <td>Secretary: KATHLEEN Z. JONES</td> </tr> <tr> <td>Directors: AS ABOVE</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: PETER C. JONES	2109 NARRISON Ave	COEUR D'ALENE	ID	83814	Secretary: KATHLEEN Z. JONES	Directors: AS ABOVE
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President: PETER C. JONES	2109 NARRISON Ave	COEUR D'ALENE	ID	83814												
Secretary: KATHLEEN Z. JONES																
Directors: AS ABOVE																
Nature of Business PLASTIC SURGERY		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  Name (Typed or Printed) PETER C. JONES, M.D. Date 8/17/88 Title President														

AUG 24 1988