

No. 48477	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993	2. Registered Agent and Office NOT A P.O. BOX BOYD K SIMMONS MD 104 SOUTH DAISY STREET SALMON ID 83467																																			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address SALMON MEDICAL CENTER, P.A. BOYD K. SIMMONS, M.D. BOX 1110 PO Box 2083 SALMON ID 83467	3. Incorporated Under The Laws of ID NO: 48477																																			
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <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:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary Boyd K Simmons</td> <td>104 S Daisy</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>President Arthur D. Earl</td> <td>104 S Daisy</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Vice President James F Todd</td> <td>104 S Daisy</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President:					Secretary:					Directors:					Secretary Boyd K Simmons	104 S Daisy	Salmon	ID	83467	President Arthur D. Earl	104 S Daisy	Salmon	ID	83467	Vice President James F Todd	104 S Daisy	Salmon	ID	83467
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5. Nature of Business Medical Practice	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 <i>Arthur D Earl</i></td> <td>Date 8/10/93</td> </tr> <tr> <td>Name (Typed or Printed) Arthur D Earl</td> <td>Title President</td> </tr> </table>		Signature <i>Arthur D Earl</i>	Date 8/10/93	Name (Typed or Printed) Arthur D Earl	Title President																															
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