

No. 048624	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  RECORDED SEC. OF STATE  87 JUL 23 AM 8:41	Due No Later Than November 1, 1987		<b>JOHN W. GERWELS 3323 FOURTH ST. LEWISTON, ID 83501</b>																									
	1. Mailing Address — Please Correct 048624  <b>LEWISTON DERMATOLOGY, P.A. JOHN W. GERWELS, M.D. 3323 4TH ST LEWISTON, IDAHO</b>		3. Incorporated Under The Laws of  <b>STATE OF IDAHO</b>																									
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>JOHN W. GERWELS, M.D.</td> <td>3323 4TH ST</td> <td>LEWISTON</td> <td>ID</td> <td>83501</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:	JOHN W. GERWELS, M.D.	3323 4TH ST	LEWISTON	ID	83501	Secretary:	"	"	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:	"	"	"	"	"																							
Directors:																												
5. Nature of Business  <b>PHYSICIAN</b>		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><i>John W. Gerwels</i></td> <td>Date</td> <td>7-7-87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JOHN W. GERWELS</td> <td>Title</td> <td>Pres</td> </tr> </table>			Signature	<i>John W. Gerwels</i>	Date	7-7-87	Name (Typed or Printed)	JOHN W. GERWELS	Title	Pres																
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ENTERED  
JUL 29 1987