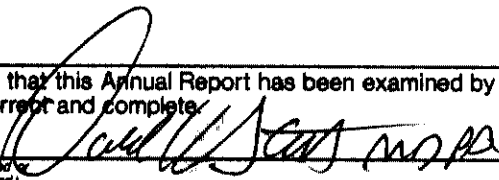
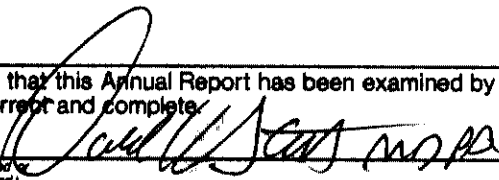
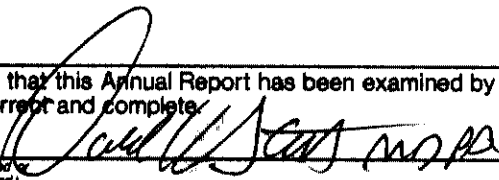


No. 45730	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		MT&B SERVICE COMPANY 300 1ST. SECURITY BUILDING BOISE ID 83702																									
	1. Mailing Address Please Correct If Not Correct																											
	CARDIOVASCULAR DISEASE CLIN DONALD K. STOTT, M.D. 125 EAST IDAHO, #203 BOISE ID 83702		3. Incorporated Under The Laws of ID NO: 045730																									
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>Donald K. Stott</td> <td>513 West Braemere</td> <td>Boise</td> <td>Idaho</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td>Barbara Stott</td> <td>513 West Braemere</td> <td>Boise</td> <td>Idaho</td> <td>83702</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Donald K. Stott	513 West Braemere	Boise	Idaho	83702	Secretary:	Barbara Stott	513 West Braemere	Boise	Idaho	83702	Directors:					
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Directors:																												
5. Nature of Business 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. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>8-16-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td></td> <td>Title</td> <td>Member</td> </tr> </table>			Signature		Date	8-16-91	Name (Typed or Printed)		Title	Member																
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