

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-14-1999

No. 110182	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX TIMOTHY A. WELEBIR, M.D. 222 N 2ND
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 9 1995	
	1. Mailing Address - Please Correct If Not Correct TIMOTHY A. WELEBIR, M.D., P.A. TIMOTHY A. WELEBIR, M.D. 222 N 2ND	BOISE ID 83702
	BOISE ID 83702	3. Incorporated Under The Laws of ID NO: 110182

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Timothy A. Welebir, M.D.	222 N 2nd St, Suite 208	Boise	ID	83702
Secretary:	Timothy A. Welebir, M.D.	222 N 2nd St, Suite 208	Boise	ID	83702
Directors:					

5. Nature of Business

Medical

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 <u>Timothy A. Welebir, M.D.</u>	Date <u>7-12-95</u>
Name (Typed or Printed) <u>Timothy A. Welebir, M.D.</u>	Title <u>President</u>