

No. 58941	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		ISSUED: 07-05-1994																												
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — (Please Print or Type) RUPERT MEDICAL - SURGICAL GROUP LEO R. BROWN, M.D. P. O. BOX G RUPERT ID 83350		2. Registered Agent and Office LEO R. BROWN, M.D. 400 NORTH 135 WEST RUPERT ID 83350																												
	3. Incorporated Under The Laws of ID NO: 58941																														
	4. Names and Addresses of Officers and Directors <div style="text-align: center; border: 1px solid black; padding: 2px; margin: 5px 0;">MUST BE PRINTED OR TYPED</div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 35%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Leo R. Brown</td> <td>P.O. Box G</td> <td>Rupert,</td> <td>Idaho</td> <td>83350</td> </tr> <tr> <td>Secretary:</td> <td>Isabel M. Brown</td> <td>P.O. Box G</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td rowspan="2">Directors:</td> <td>Leo R. Brown</td> <td>P.O. Box</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Isabel M. Brown</td> <td>P.O. Box G</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:	Leo R. Brown	P.O. Box G	Rupert,	Idaho	83350	Secretary:	Isabel M. Brown	P.O. Box G	"	"	"	Directors:	Leo R. Brown	P.O. Box	"	"	"	Isabel M. Brown	P.O. Box G	"	"
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5. Nature of Business <div style="font-size: 1.5em; margin-top: 20px;">Medical</div>	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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Signature</td> <td style="width: 30%; text-align: center;"> </td> <td style="width: 15%;">Date</td> <td style="width: 15%; text-align: center;">10/2/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td style="text-align: center;">ISABEL M. BROWN</td> <td>Title</td> <td style="text-align: center;">Sec.</td> </tr> </table>			Signature		Date	10/2/94	Name (Typed or Printed)	ISABEL M. BROWN	Title	Sec.																				
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