INSTRUCTIONS ON REVERSE SIDE

No. C55196

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1987

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

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87 JUL 2 PM 2 42

1. Mailing Address — *Please Correct* C55196

SANOPOINT FAMILY MEDICINE, P.A.
ROBERT RUST, M.D.
302 SOUTH FIRST AVENUE
SANOPOINT, IDAHO
83864

2. Registered Agent and Office

ROBERT E. RUST
ROUTE 2 BOX 303
SANOPOINT, IDAHO
83864

ENTERED
JUL 30 1987

3. Incorporated Under The Laws of

STATE OF IDAHO

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	R. Rust MD	Same as above			
Secretary:	Miriam Rust	Same as above.			
Directors:					

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.

Signature _____ Date 7/6/87

Name *(Typed or Printed)* _____ Title

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