

No. 82049	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993	ISSUED: 07-11-1993 2. Registered Agent and Office NOT A P.O. BOX PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address: PETER C. JONES, M.D., P.A. PETER C. JONES, M.D. 2121 IRONWOOD CENTER DRIVE COEUR D'ALENE ID 83814	3. Incorporated Under The Laws of <u>ID</u> NO: 82049								
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED										
	<table border="1"> <thead> <tr> <th data-bbox="409 397 740 440"><u>Name</u></th> <th data-bbox="740 397 1153 440"><u>Street or P.O. Address</u></th> <th data-bbox="1153 397 1361 440"><u>City</u></th> <th data-bbox="1361 397 1614 440"><u>State</u> <u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="409 440 740 557"> President: Secretary: Directors: </td> <td colspan="3" data-bbox="740 440 1614 557"> y PETER C JONES MD 2109 HARRISON AVE COEUR D'ALENE ID 83814 </td> </tr> </tbody> </table>		<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>	President: Secretary: Directors:	y PETER C JONES MD 2109 HARRISON AVE COEUR D'ALENE ID 83814		
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>							
President: Secretary: Directors:	y PETER C JONES MD 2109 HARRISON AVE COEUR D'ALENE ID 83814									
5. Nature of Business PLASTIC SURGEON'S OFFICE	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 <u>7/9/93</u> Name <small>(Type or Print)</small> <u>PETER C. JONES, M.D.</u> Title <u>President</u>									