INSTRUCTIONS ON REVERSE SIDE

No. 103094

**Idaho Corporation Annual Report Form**

*Due No Later Than November 30, 1995*

*Return To*

**Secretary of State**
**700 W Jefferson**
**P.O. Box 83720**
**Boise, ID 83720-0080**

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address - Please Correct If Not Correct

PALOUSE-CLEARWATER NEUROLOGY, P
BARBARA D MARTYN
1616 17TH ST

LEWISTON ID 83501

2. Registered Agent and Office NOT A P.O. BOX

BARBARA D ~~MARTYN~~ MORGAN
1616 17TH ST

LEWISTON ID 83501

3. Incorporated Under The Laws of

ID
NO: 103094

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Postal Code |
|---|---|---|---|---|---|
| President: | | | | | |
| Secretary: | BARBARA D. MORGAN, M.D. | 1616 17TH STREET | LEWISTON, | ID | 83501 |
| Directors: | GAIL RICHARDSON | 1616 17TH STREET | LEWISTON, | ID | 83501 |

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 Gail Richardson Date 8/31/95

Name (Typed or Printed) GAIL RICHARDSON Title ~~MANAGER~~