

No. 083296	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987	2. Registered Agent and Office DR. LESLIE POOL 121 E. FORT BOISE, ID 83703																																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct 083296 REPRODUCTIVE MEDICAL TECHNOLOGIE DR. LESLIE POOL 121 E. FORT BOISE, ID 83703	3. Incorporated Under The Laws ENTERED of JUL 30 1987 STATE OF IDAHO																																								
4. Names and Addresses of Officers and Directors <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: left;"><u>Name</u></th> <th style="width:30%; text-align: left;"><u>Street or P.O. Address</u></th> <th style="width:10%; text-align: left;"><u>City</u></th> <th style="width:10%; text-align: left;"><u>State</u></th> <th style="width:10%; text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: LESLIE POOL</td> <td>121 E FORT</td> <td>BOISE</td> <td>ID</td> <td>83712</td> </tr> <tr> <td>Secretary: CLYDE GERHARD</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors: WILLIAM ADJONES</td> <td>6046 Emerald</td> <td>Boise</td> <td>"</td> <td>"</td> </tr> <tr> <td>AVERY SEIFERT</td> <td>222 N. 2nd</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>KATHLEEN MCGOWAN</td> <td>333 N 1st</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>David M Barton</td> <td>999 N Curtis</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Ronald L. Urry PhD</td> <td>PO Box 521100</td> <td>Salt Lake City</td> <td>Utah</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: LESLIE POOL	121 E FORT	BOISE	ID	83712	Secretary: CLYDE GERHARD	"	"	"	"	Directors: WILLIAM ADJONES	6046 Emerald	Boise	"	"	AVERY SEIFERT	222 N. 2nd	"	"	"	KATHLEEN MCGOWAN	333 N 1st	"	"	"	David M Barton	999 N Curtis	"	"	"	Ronald L. Urry PhD	PO Box 521100	Salt Lake City	Utah	
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5. Nature of Business Infertility evaluation and testing	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: Leslie G Pool Name (Typed or Printed) Date: 7/28/87 Title: MD President																																									

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