

No. C113198	Annual Report Form 1995 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83702 BOISE, ID 83720-0080 NOT FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct VEIN TREATMENT CENTER PROFES 203 W WASHINGTON BOISE ID 83702	MELODY DWYER 203 W WASHINGTON BOISE ID 83702 3. Organized Under the Laws of: ID C113198																								
4. Corporations - Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Melody K. Dwyer D.O.</td> <td>5493 S. Firathorn Pl</td> <td>Boise</td> <td>ID</td> <td>83716</td> </tr> <tr> <td>Secretary</td> <td>Hans Forscher</td> <td>11674 W. Musket Ct.</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td colspan="6">Directors - None</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Melody K. Dwyer D.O.	5493 S. Firathorn Pl	Boise	ID	83716	Secretary	Hans Forscher	11674 W. Musket Ct.	Boise	ID	83713	Directors - None					
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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 <u>Melody K. Dwyer</u> Date <u>12/5/96</u> Name (Typed or Printed) <u>Melody K. Dwyer</u> Title <u>President</u>																									
ISSUED: 10-05-1996 6453																										