

No. 067171	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 88 JUL 13 AM	Due No Later Than November 1, 1988		PETER F. PETERSEN 1173 UNIVERSITY DRIVE BOISE, IDAHO 83706																					
	1. Mailing Address — Please Correct 067171																							
	PETER F. PETERSEN, M.D., P.A. PETER F. PETERSEN 1173 UNIVERSITY DRIVE BOISE, IDAHO 83706		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: PETER F PETERSEN M.D.</td> <td>3160 Victory View Circle</td> <td>Boise</td> <td>Id</td> <td>83709</td> </tr> <tr> <td>Secretary: Kathleen R Petersen</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: PETER F PETERSEN M.D.	3160 Victory View Circle	Boise	Id	83709	Secretary: Kathleen R Petersen	Same				Directors:				
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President: PETER F PETERSEN M.D.	3160 Victory View Circle	Boise	Id	83709																				
Secretary: Kathleen R Petersen	Same																							
Directors:																								
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																						
OPHTHALMOLOGY		Signature <u>Peter F. Petersen</u> M.D. Name (Typed or Printed) <u>Peter F Petersen</u> M.D. Date <u>7/9/88</u> Title <u>Pres.</u>																						