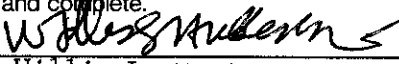
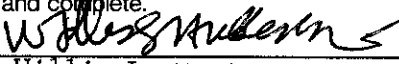
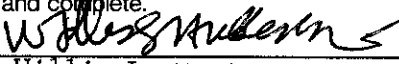


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|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. 033837</b><br><br>Return To<br><br><b>Secretary of State<br/>Room 203, Statehouse<br/>Boise, ID 83720</b> | <b>Idaho Corporation Annual Report Form</b><br><i>Due No Later Than November 1, 1987</i><br>1. Mailing Address — Please Correct <b>033837</b><br><br><b>H &amp; G LABORATORIES, INC.</b><br><b>WILLIS L. HUBLER</b><br><b>222 EAST ELM STREET</b><br><b>CALDWELL, IDAHO</b><br><b>83605</b> | 2. Registered Agent and Office<br><br><b>SUSAN F. DAVIS</b><br><b>222 EAST ELM STREET</b><br><b>CALDWELL, IDAHO</b><br><b>83605</b><br><br>3. Incorporated Under The Laws<br>of <b>STATE OF IDAHO</b> |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 4. Names and Addresses of Officers and Directors |                        |                               |                 |              |
|--------------------------------------------------|------------------------|-------------------------------|-----------------|--------------|
|                                                  | <u>Name</u>            | <u>Street or P.O. Address</u> | <u>City</u>     | <u>State</u> |
| President:                                       | Willis L. Hubler, M.D. | 206 E. Linden                 | Caldwell, Idaho | 83605        |
| Secretary:                                       | Sharon Hubler          | 206 E. Linden                 | Caldwell, Idaho | 83605        |
| Directors:                                       | L.C. Gabrielsen, M.D.  | 2016 Idaho                    | Caldwell, Idaho | 83605        |
|                                                  | Dorothy Gabrielsen     | 2016 Idaho                    | Caldwell, Idaho | 83605        |

|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                      |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 5. Nature of Business<br><br><b>Medical Laboratory and<br/>Xray</b>                                                                                                  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><br><table style="width: 100%;"> <tr> <td style="width: 50%;">           Signature <br/>           Name <small>(Typed or Printed)</small> <b>Willis L. Hubler, M.D.</b> </td> <td style="width: 50%;">           Date <b>9-29-87</b><br/>           Title <b>President</b> </td> </tr> </table> | Signature <br>Name <small>(Typed or Printed)</small> <b>Willis L. Hubler, M.D.</b> | Date <b>9-29-87</b><br>Title <b>President</b> |
| Signature <br>Name <small>(Typed or Printed)</small> <b>Willis L. Hubler, M.D.</b> | Date <b>9-29-87</b><br>Title <b>President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                      |                                               |