	INSTRUCTIO	NS ON REVERSE SIDE		~ 	
No. ,2673	Idaho Corporation Annual Report Form		2. Registered Agent and	Office NOT A	P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1991		CARL G. POWE M.D.		
	Marting Address - Please Correct II Not Cornet 1832 G STREET				
	CARL G. ROWE, M.D. P.A. CARL G. ROWE, M.D. 1832 G STREET		LEWISTON		3501
			3. Incorporated Under 1 of ID	he Laws	
NO FEE REQUIRED	LEWISTON	ID 83501	NO: 062673		
4. Names and Addresses of Office	cers and Directors				
	Name	Street or P.O. Address	City	State	Zio
President: Secretary: Directors:	Carl G. Rowe, M.D.	1832 G Street	Lewiston	ID 83	3501
C Natura of Ductor	In I wante at a t	hin Annual Dannah han baran			dadaa
5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowled true, correct and complete					
Professional Service (Anesthesiologist	Signature	arl G. Rowe	Date 0 - 2 - 9		
<u> </u>	1 range/ Co	BIT A. MAR		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	