

No.	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX																									
Return To	Due No Later Than November 1, 1992		STEPHEN CRABTREE 120 EAST AVE																									
* FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		KETCHUM ID 83340																									
	PAN PACIFIC MEDICAL DEVELOPMENT BRUCE BEARD 109 MAIN ST STE 100  EDMONDS WA 98020 0000		3. Incorporated Under The Laws of HI NO: 96736																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Bruce Beard</td> <td>109 Main Street, Suite #100</td> <td>Edmonds,</td> <td>WA</td> <td>98020</td> </tr> <tr> <td>Secretary:</td> <td>Jerry Petzel</td> <td>109 Main Street, Suite #100</td> <td>Edmonds,</td> <td>WA</td> <td>98020</td> </tr> <tr> <td>Directors:</td> <td colspan="5">Same as above</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Bruce Beard	109 Main Street, Suite #100	Edmonds,	WA	98020	Secretary:	Jerry Petzel	109 Main Street, Suite #100	Edmonds,	WA	98020	Directors:	Same as above				
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Directors:	Same as above																											
5. Nature of Business Commercial Development		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 _____ Date <u>7/23/92</u> Name (Printed) <u>Jerry Petzel</u> Title <u>Sec/Treas</u>																										