		TIONS ON REVERSE SIDE	2 Registered Agent and (
No. 78699 Idaho Corporation A		ation Annual Report Form	2. Registered Agent and Office NOT A P.O. BO: JOHN A. STANIEWSKI, M.D.		
Return To	Due No Later Than November 1, 1991				
Secretary of State Room 203, Statehouse Boise, ID 83720	t. Mailing Address —	Please Correct, If Not Correct	331 6 1/2,4TH	ST. SU	ITE 4
	JOHN A. STANIEWSKI/ M.D./ P Lukins & Annis 1600 Wash. Tr. Fin. Ctr.		LEWISTON	Ιü	93501
			3. Incorporated Under The Laws of ID		
NO FEE REQUIRED	SPOKANE	WA 99204	NO: 078699		
Names and Addresses of Officers	and Directors	¹¹ - ¹ , τ	**************************************		
	Name	Street or P.O. Address	City	State	Zip
President: John A. St. Secretary: John A. St.	aniewski, M.D aniewski, M.D	. 3316½ Fourth St., 8 . 3316½ Fourth St.,	Suite 4 Lewiston	ID ID	83501 83501
Directors: John A. St	aniewski, M.D	. 3316½ Fourth St.,	Suite 4 Lewiston	ID	83501
Nature of Business	6. I certify th	nat this Annual Report has been exa	mined by me and is to the b	est of my k	nowledge
Medical Practice	Signature	ect and complete	M Date Ju	14 [S	1441
	Name (Typed c	John A. Staniewski	L, M.D. Title / Pro	ésidén	τ

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