

No. 046063	Idaho Corporation Annual Report Form		2. Registered Agent and Office																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 07 OCT 26 AM 9 55	Due No Later Than November 1, 1987		DAVID A. SPENCER 2318 VINEYARD AVENUE LEWISTON, IDAHO 83501																															
	1. Mailing Address — Please Correct 046063																																	
	VALLEY MEDICAL CENTER/CHILDREN'S THEODORE K. KRISHER 2318 VINEYARD AVENUE LEWISTON, IDAHO 83501		3. Incorporated Under The Laws of STATE OF IDAHO																															
4. Names and Addresses of Officers and Directors																																		
<table border="1"> <thead> <tr> <th></th> <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:</td> <td>Bradley L. Johnson, M.D.</td> <td>2318 Vineyard Avenue,</td> <td>Lewiston,</td> <td>Id</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Philip A. Role, M.D.</td> <td>2318 Vineyard Avenue,</td> <td>Lewiston,</td> <td>Id</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td>John R. Stoianoff, M.D.</td> <td>2318 Vineyard Avenue,</td> <td>Lewiston,</td> <td>Id</td> <td>83501</td> </tr> <tr> <td></td> <td>John M. Rusche, M.D.</td> <td>2318 Vineyard Avenue,</td> <td>Lewiston,</td> <td>Id</td> <td>83501</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Bradley L. Johnson, M.D.	2318 Vineyard Avenue,	Lewiston,	Id	83501	Secretary:	Philip A. Role, M.D.	2318 Vineyard Avenue,	Lewiston,	Id	83501	Directors:	John R. Stoianoff, M.D.	2318 Vineyard Avenue,	Lewiston,	Id	83501		John M. Rusche, M.D.	2318 Vineyard Avenue,	Lewiston,	Id	83501
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5. Nature of Business Medical Care		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>John R. Stoianoff</i></td> <td>Date</td> <td>10/20/87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>John R. Stoianoff, M.D.</td> <td>Title</td> <td>Vice-president</td> </tr> </table>			Signature	<i>John R. Stoianoff</i>	Date	10/20/87	Name (Typed or Printed)	John R. Stoianoff, M.D.	Title	Vice-president																						
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