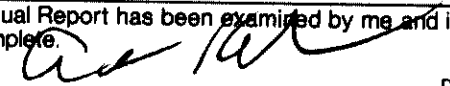


## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 10-17-1993

No. 66662	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  <b>** FINAL NOTICE ** NO FEE REQUIRED</b>	Due No Later Than November 1, 1993		ANTHONY D. KEYS, M.D. 222 NORTH 2ND ST., SUITE 315																									
	1. Mailing Address: <i>Please Correct If Not Correct</i>		BOISE ID 83702																									
	ANTHONY D. KEYS, M.D., P.A. ANTHONY D. KEYS, M.D. 222 NORTH 2ND ST, SUITE 315  BOISE ID 83702		3. Incorporated Under The Laws of ID NO: 66662																									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b>																												
<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>Anthony D. Keys</td> <td>222 N. 2nd St. #315</td> <td>Boise</td> <td>Idaho</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td>Kathleen P. Keys</td> <td>same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Anthony D. Keys</td> <td>same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Anthony D. Keys	222 N. 2nd St. #315	Boise	Idaho	83702	Secretary:	Kathleen P. Keys	same				Directors:	Anthony D. Keys	same			
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Secretary:	Kathleen P. Keys	same																										
Directors:	Anthony D. Keys	same																										
5. Nature of Business  Medical practice		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 10-19-93 Name (Typed or Printed) <b>Anthony D. Keys</b> Title <b>Owner</b>																										