| No. 65527  Return To   |                 | Due No Later Than November 1,1989 |                  |             |            |                | 2. Registe    | 2 Registered Agent and Office PETER C. ZIMMERMAN 1176 EAST 17TH STREET |              |            |  |
|------------------------|-----------------|-----------------------------------|------------------|-------------|------------|----------------|---------------|--|--------------|------------|--|
|                        |                 |                                   |                  |             |            |                | PETER         |  |              |            |  |
|                        |                 |                                   |                  |             |            |                | 1176 €        |  |              |            |  |
|                        |                 |                                   | Address - Ple    |             |            | 5527           |               |  | ***          |            |  |
| Boise. ID 83729 CETVED |                 | PETER C. ZIMMER                   |                  |             |            |                | IDAHO         | IDAHO FALLS  |              | ID 8340    |  |
|                        |                 | PETER C. ZIMMERM                  |                  |             |            |                |               |  |              |            |  |
| SE                     | C. OF STATE     | .0. 8                             | OX 21/1          |             |            |                | * **          | orated Under   | The Laws     |            |  |
| NO SEE AS              | OTITOED         | CANA                              | E5110            |             | ΙD         | 83401          | of IC         | AHO  | 1 27         |            |  |
| NO FEE ADE             | ~23 ~ An 8      | 38                                | TALLS            |             | 10         | 03401          |               | <i>y</i>   | NO:          | 65527      |  |
| 4. Names and Addres    | ses of Officers | and Direc                         | ctors            | <del></del> |            |                | <u> </u>      | -  | 14.0.1       | 1,25,00    |  |
|                        |                 | Name                              |                  | Ctro        | et or P.O. | A alalma a a   |               | Cit.   | Ct-1-        | <b>7</b> : |  |
|                        |                 | NGIE                              | ₹                | <u> </u>    | BLOFF.C.   | <u>Address</u> | •             | City   | State        | <u>Zip</u> |  |
| President:             | PETER C.        | ZIMME                             | ERMAN            | 335         | RANCI      | H DRIVE        | IDAHO         | FALLS  | ID           | 83404      |  |
| Secretary:             | RHONDA M        |                                   | <b>IERMAN</b>    | 335         | RANCI      | H DRIVE        | IDAHO         | FALLS  | ID           | 83404      |  |
| Directors:             | PETER C.        | ZIMME                             |                  |             | •          |                |               |  |              |            |  |
|                        | RHONDA M        | . ZIMN                            | MERMAN           |             | -          |                |               |  |              |            |  |
|                        |                 |                                   | -                |             |            |                |               | •  |              |            |  |
|                        |                 |                                   |                  |             |            |                |               |  |              |            |  |
|                        |                 | •                                 |                  |             |            |                | •             |  |              | •          |  |
|                        |                 |                                   |                  |             |            |                |               |  |              |            |  |
|                        |                 |                                   |                  |             |            |                | •             |  |              |            |  |
|                        |                 |                                   |                  |             |            |                |               |  |              | Ü          |  |
| 5. Nature of Business  | <del></del>     |                                   | 6. I certify tha | t Aio Anni  | iol Donor  | t had boon ov  | ominad by ma  | and is to the  | hoot of my k | noudadaa   |  |
| o. Nature of Business  |                 |                                   | true, correc     | and com     | plete.     | t nas been ex  | annined by me | and is to the  | best of my k | Nowledge   |  |
| MEDICAL S              | ERVICES         |                                   | Signature /      | turZu       |            | w Ms 1         | OA            | Date 8   | 12/89        |            |  |
| - TOTOLOND 3           | TIVA TODO       |                                   | Name (Typed r    | ~~~         |            | C. Zimm        |               | Title  |              | -          |  |