O.		ition Annual Report Form	2. Registered Agent		r.U. b					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1,1992 1. Mailing Address - Please Correct, If Not Correct T.G. & E. MEDICAL, INC. GLENN E. TALBOY 125 E. IDAHO #105		GLENN E. TALBOY JR. ***********************************							
					* FIRST NOTICE *	1414 Warm 5p	rings Aug	of		
					NO FEE REQUIRED	BOISE	ID 83712 0000	NO: 78748		
					Names and Address of office	and the second s				
					Names and Addresses of Office					
	<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	Zip					
•	·	1414 Warm Springs i	Ave Boise	ID 837						
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Directors:										
Directors:	8. I certify th	at this Annual Report has been exa								
Directors:	6. I certify the true, corrections Signature	nat this Annual Report has been example to the complete.	mined by me and is to	the best of my known $7 \cdot 31 \cdot 9$						
Directors: Nature of Business	6. I certify th	nat this Annual Report has been example to and complete.	mined by me and is to							
Secretary: Directors: Nature of Business medical clamp sa	6. I certify the true, corrections Signature	nat this Annual Report has been example to the complete.	mined by me and is to	the best of my known $7 \cdot 31 \cdot 9$						